

Name
in
Full

Geo. W. Barkley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place	Virginia		
Occupation	Where Residing if not at place of death		Dear Island		
Married, Single or Widowed	Name of Wife or Husband	Elizabeth Barkley			
Father's Name	Father's Birthplace		Va		
Mother's Maiden Name	Mother's Birthplace		Va		
Name of person giving information	54	How related to deceased	Daughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Geo. W. Barkley

How long

6 months

Immediate

Senile Debility

How long

3 weeks

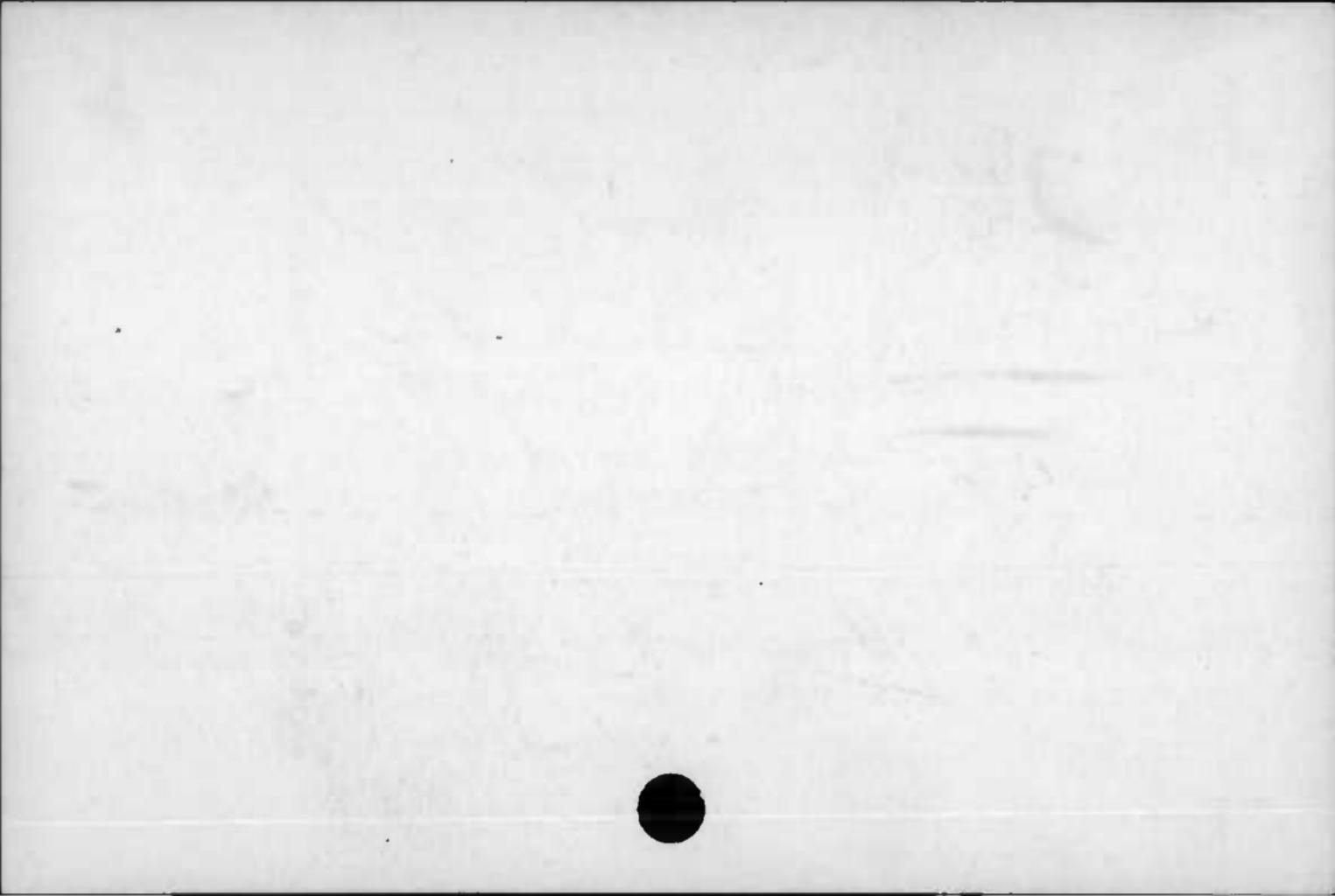
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Accident or Suicide?



Name

In
Full

Lottie Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Near or Died at		Town		County		MARYLAND				
Date of death	1907	Month	1	Day	7	Years	21	Months	4	Days
Sex	Female	Color or Race	Blacks	Birth- place	nd					
Occupation	Labour	Where Residing if not at place of death								
Married, Single or Widowed	Single	Name of Wife or Husband	✓							
Father's Name	Geo Brown					Father's Birthplace	Princes Anne			
Mother's Maiden Name	Coroline Brown					Mother's Birthplace	Princes Anne			
Name of person giving Information	T. B. Brown					How related to deceased	Coroline			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

8 or 10 m

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. Smith (not in attendance)

Address

Princes and

Over

Accident or Suicide?

11/12

This certificate is given
to the best of my knowledge
& belief -

J. J. Smith
Health Officer
Somerset Co.
Ind

Name
in
Full

Joseph Coulbourn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place	Watts L. Va	
Occupation	Retired Farmer		Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband	Mary J. Coulbourn (deceased)			
Father's Name	Isaac H. Coulbourn		Father's Birthplace	Md		
Mother's Maiden Name	Leah Parker		Mother's Birthplace	Watts Island Va		
Name of person giving information	Mr. Alvin Cocke		How related to deceased	Daughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Dry Gangrene of right foot

How long

13 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

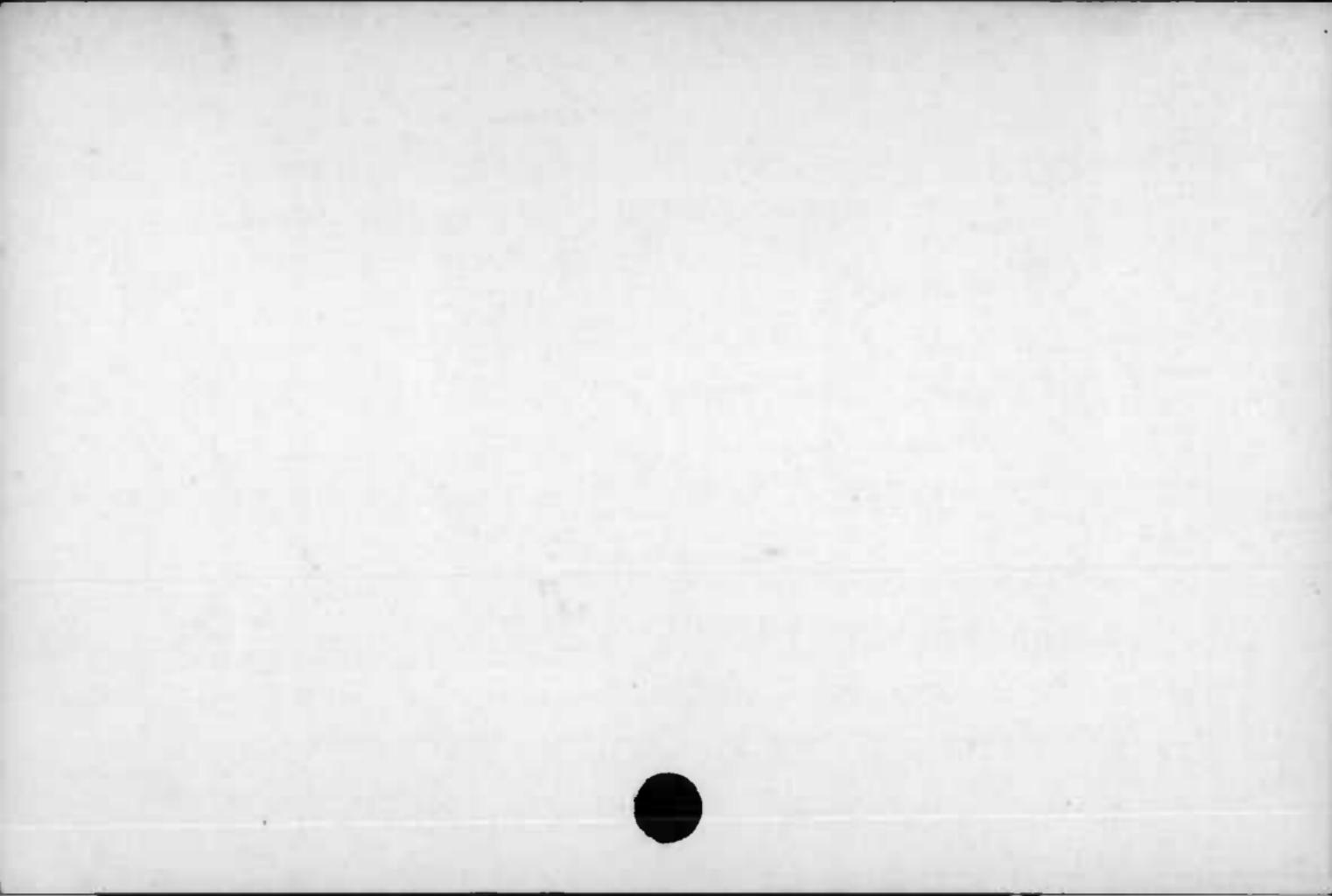
Signature of Physician

W. F. Hall

Address

Driffield Md

Accident or Suicide?



Name
in
Full

Bertha Daniel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Maron</u>		Town <u>Somerset</u>		County <u>Somerset</u>		MARYLAND		
Date of death <u>1907</u>	Month <u>1</u>	Day <u>20</u>	Years <u>20</u>	Age <u>20</u>	Months <u>10</u>	Days <u>11</u>		
Sex <u>Female</u>	Color or Race <u>Black</u>			Birth-place <u>Maron</u>				
Occupation <u>House work</u>	Where Residing if not at place of death							
Married, Single or Widowed	Name of Wife or Husband <u>Rob. Daniel</u>							
Father's Name <u>Edgar Dixon</u>	Father's Birthplace <u>Somerset Co.</u>							
Mother's Maiden Name <u>Relia Lane</u>	Mother's Birthplace							
Name of person giving Information <u>Rob. Daniel</u>	How related to deceased <u>Husband</u>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

2 or 3 mos.

Immediate

General Weakness & Exhaustion

How long covered a period

7 or 8 months

Are the name, age, sex, color, date and place correctly given above?

yes

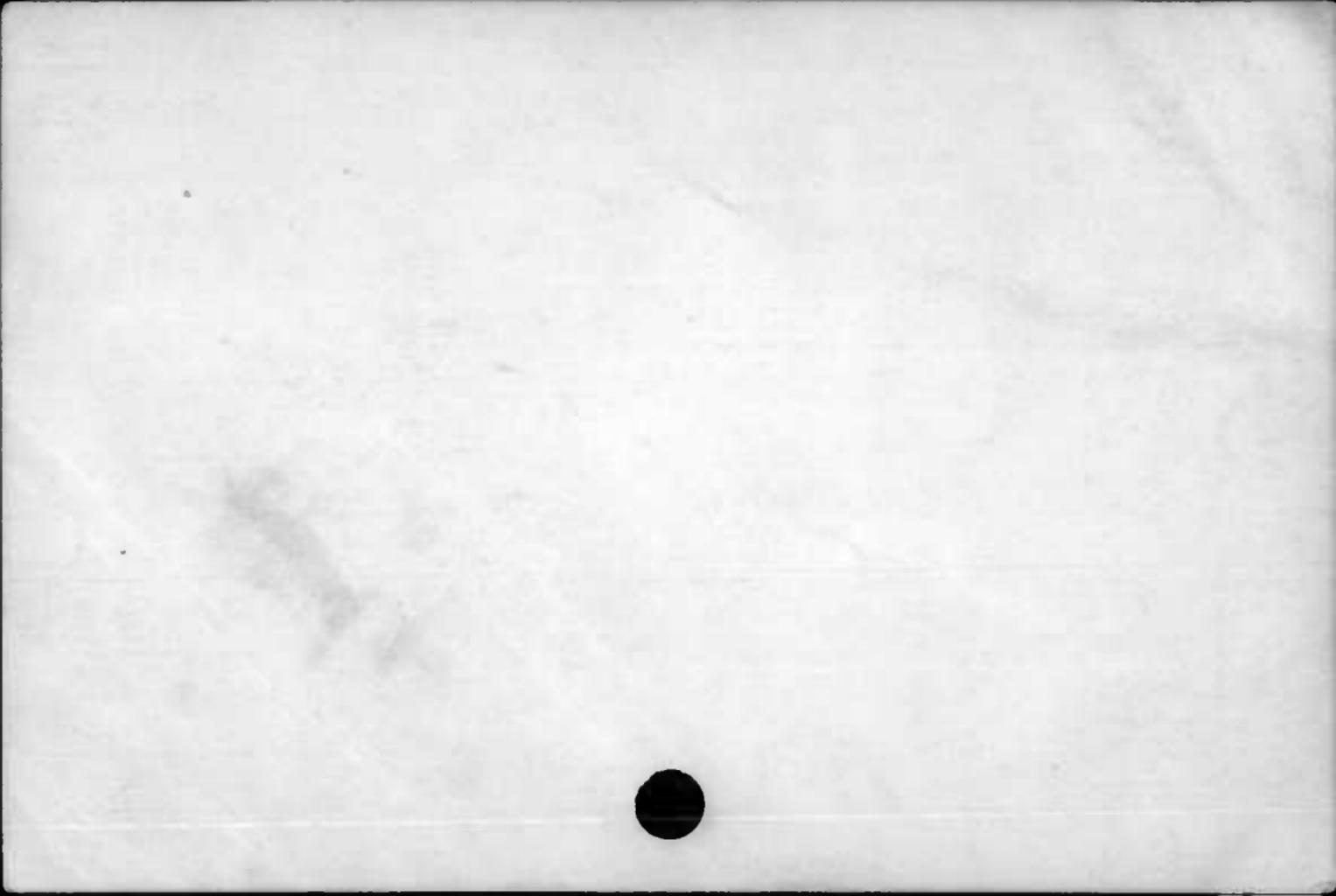
Signature of Physician

J. B. Allen M.D.

Address

Maron Station

Accident or Suicide?



Name
in
Full

William R. Davis.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Crisfield, Md.		Somerset	
Date of death	Month	Day	Years
1907	Jan	15	36
Sex	Color or Race	Birth-place	
Male	White	Crisfield, Md.	
Occupation	Where Residing if not at place of death		
Pateman	Crisfield, Md.		
Married, Single or Widower	Married	Name of Wife or Husband	
		Don't know	
Father's Name	Father's Birthplace		
John Davis Sr.	Crisfield, Md.		
Mother's Maiden Name	Mother's Birthplace		
Don't know	Don't know		
Name of person giving information	How related to deceased		
Geo Davis	Brother.		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Saccom post abdominal lymph glands 18 lbs

How long

How long

Immediate

Sacoma - Asthma

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

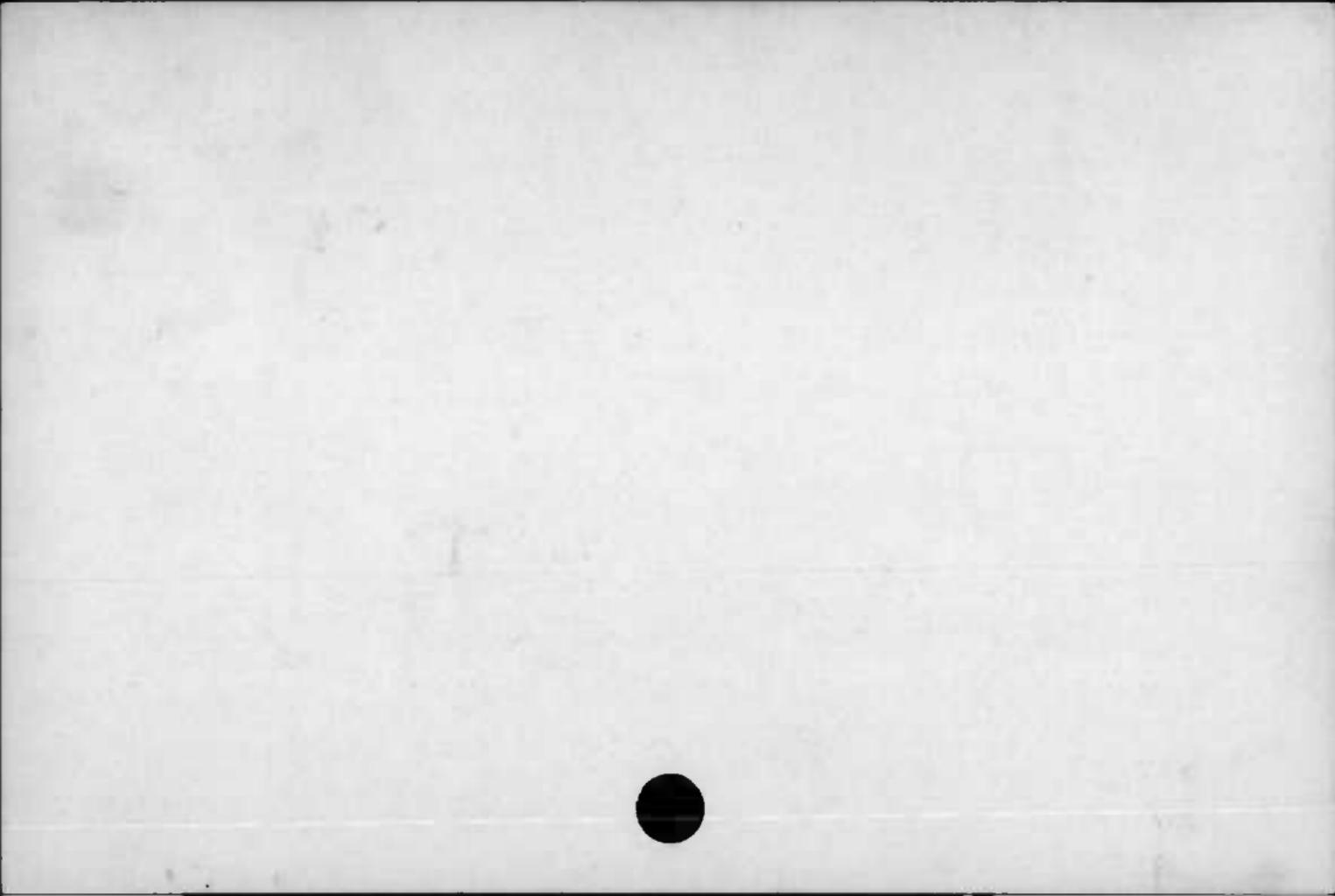
Address

Wm. Coulbourne

Crisfield, Md.

Somerset Co., Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Isaac Francis Dwyer				CERTIFICATE OF DEATH			
Died at		Cottage Grove		County		MARYLAND	
Date of death	1907	Month	11	Day	Years	Months	Days
Age	60						
Sex	Male	Color or Race	white	Birth- place	Baltimore, Md		
Occupation	Farmer		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife	Elizabeth Dwyer				
Father's Name	Isaac F. Dwyer				Father's Birthplace	Md	
Mother's Maiden Name	Hester Ann Duer				Mother's Birthplace	Md	
Name of person giving Information	J. H. Powell				How related to deceased	Baltimore	

CAUSES OF DEATH

Primary

Congiac Attenua

How long

4 yrs

Immediate

Sudden Collapse

How long

1

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

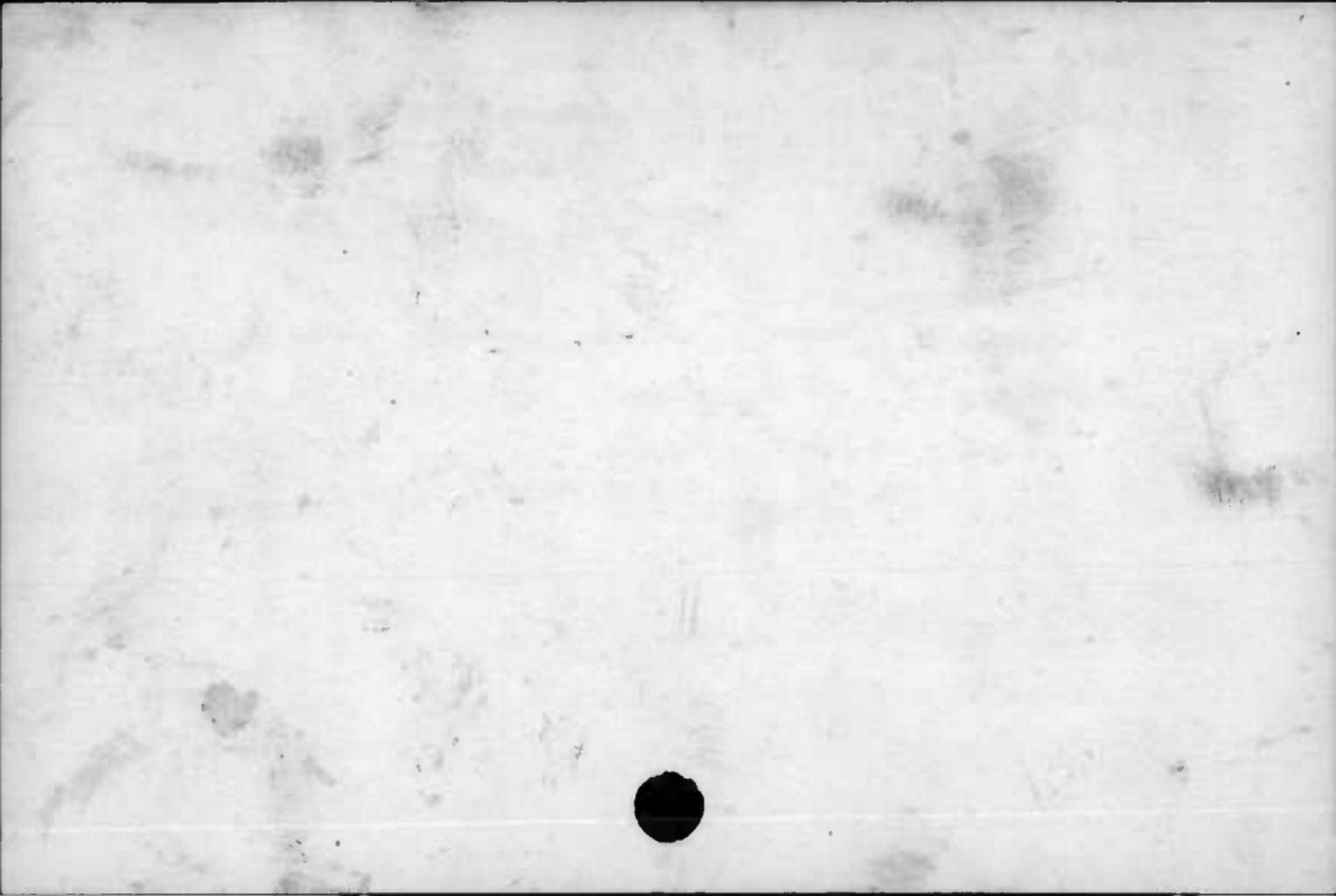
Address

J. H. Wilson

Baltimore City

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Mary Grace Ewile

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

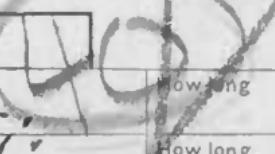
Died at	Town	County	MARYLAND		
Date of death 1906	Month Jan	Day 1	Age 42	Months	Days
Sex Female	Color or Race white	Birth place Baltimore, Md			
Occupation Housewife	Where Residing if not at place of death Cusfield, Md				
Married, Single or Widowed M-	Name of Wife or Husband A. Webster Ewile				
Father's Name Chas H. Kidd	Father's Birthplace Baltimore, Md				
Mother's Maiden Name Eliza Weeks	Mother's Birthplace Baltimore, Md				
Name of person giving Information A. Webster Ewile	How related to deceased Husband				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Coronaria Gastric.



Immediate

debility-asthma Cardiac

How long

How long

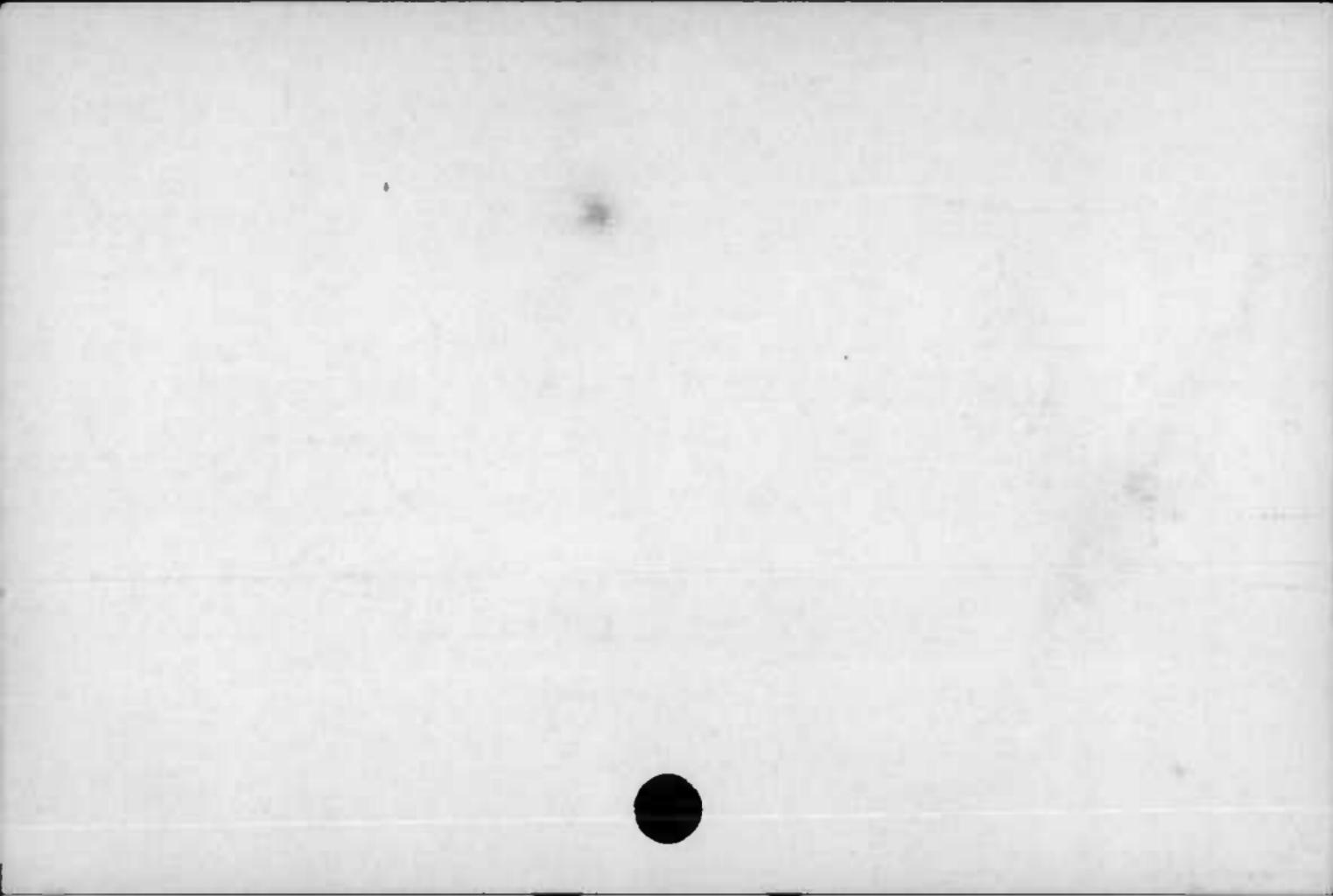
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. H. Coulbourn,
Cusfield, Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

<i>Lillian Green</i>						CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND		
Date of death		Month	Day	Years	Months	Days	
1907		Jun	27	1	8		
Sex		Color or Race	Age		Birth-place		
Girl		Black	1		Hagerstown		
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		<i>John Green</i>					
Mother's Maiden Name		<i>Lorraine Gossler</i>					
Name of person giving information		<i>John Green</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bronchitis

How long

1 week

Immediate

Pneumonia

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

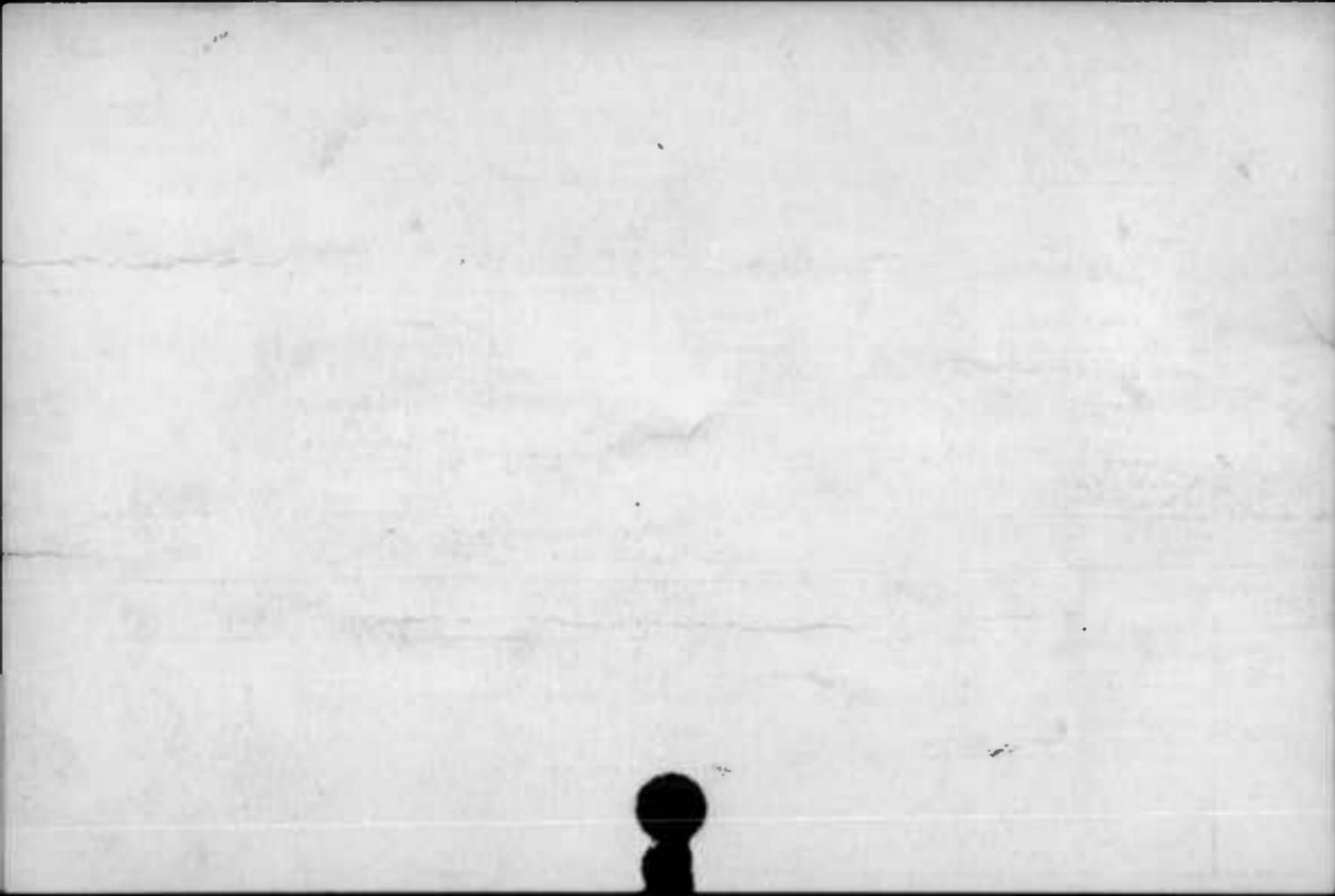
Yes

Signature of Physician

Address

*Ob-Gallaudet
Baptist Hospital*

Accident or Suicide?



Name
in
Full

Marie Standy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Brown	Birth-place	Ind
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Ind			
Father's Name	(Wes Standy)			Father's Birthplace	Ind
Mother's Maiden Name	Sarah Godby			Mother's Birthplace	Ind
Name of person giving information	(Wes Standy)			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cold (No W in allusion)

How long

3 or 4 days

How long

Immediate

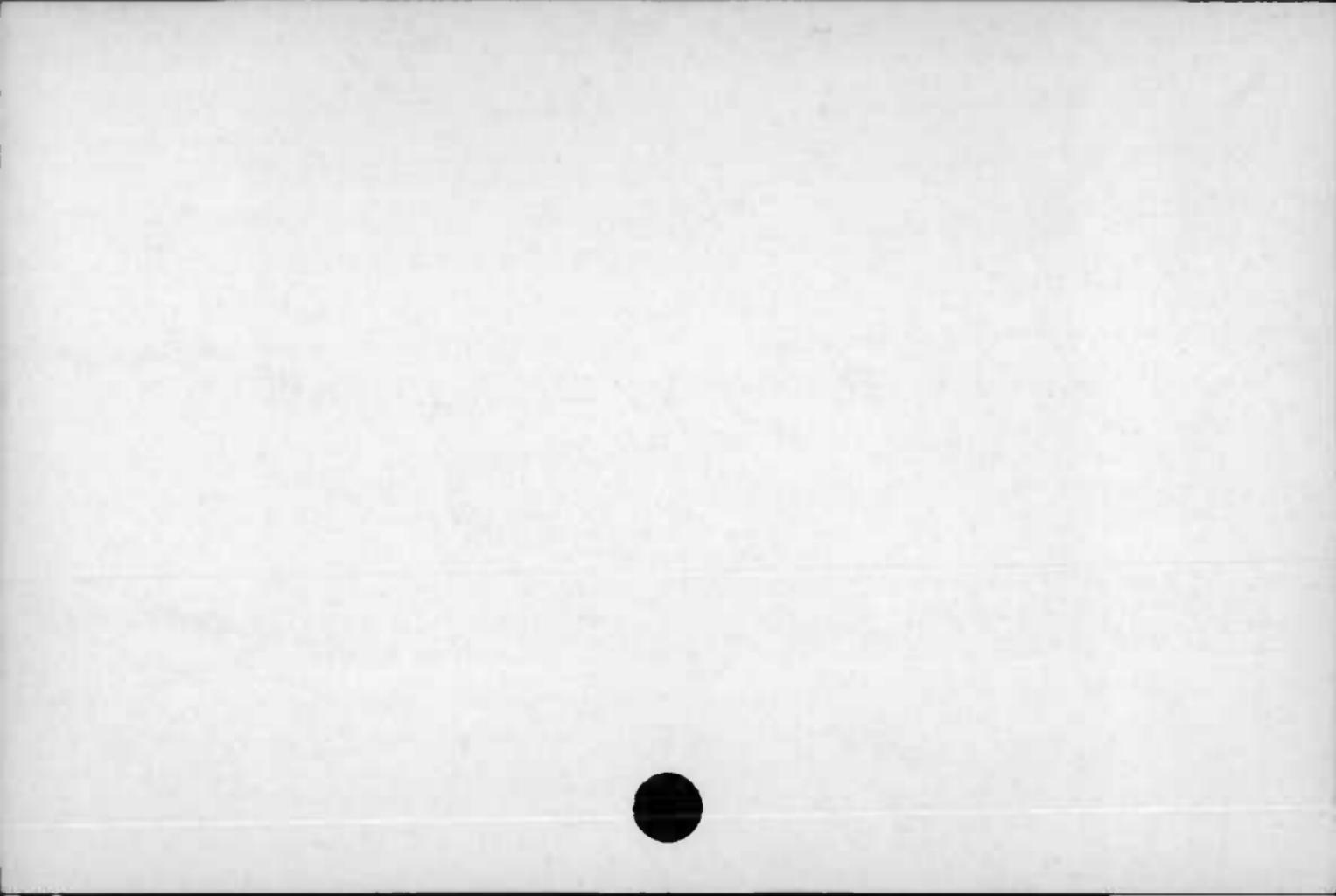
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

G. J. Smith M.D.
Dr. Smith and

Accident or Suicide?



Name
in
Full

Nannie Haudley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Elzie Haudley		Father's Birthplace	Somerset	
Mother's Maiden Name	Kittie Haudley		Mother's Birthplace	Somerset	
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Inflammatory rheumatism

How long

2 weeks

Immediate

"

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

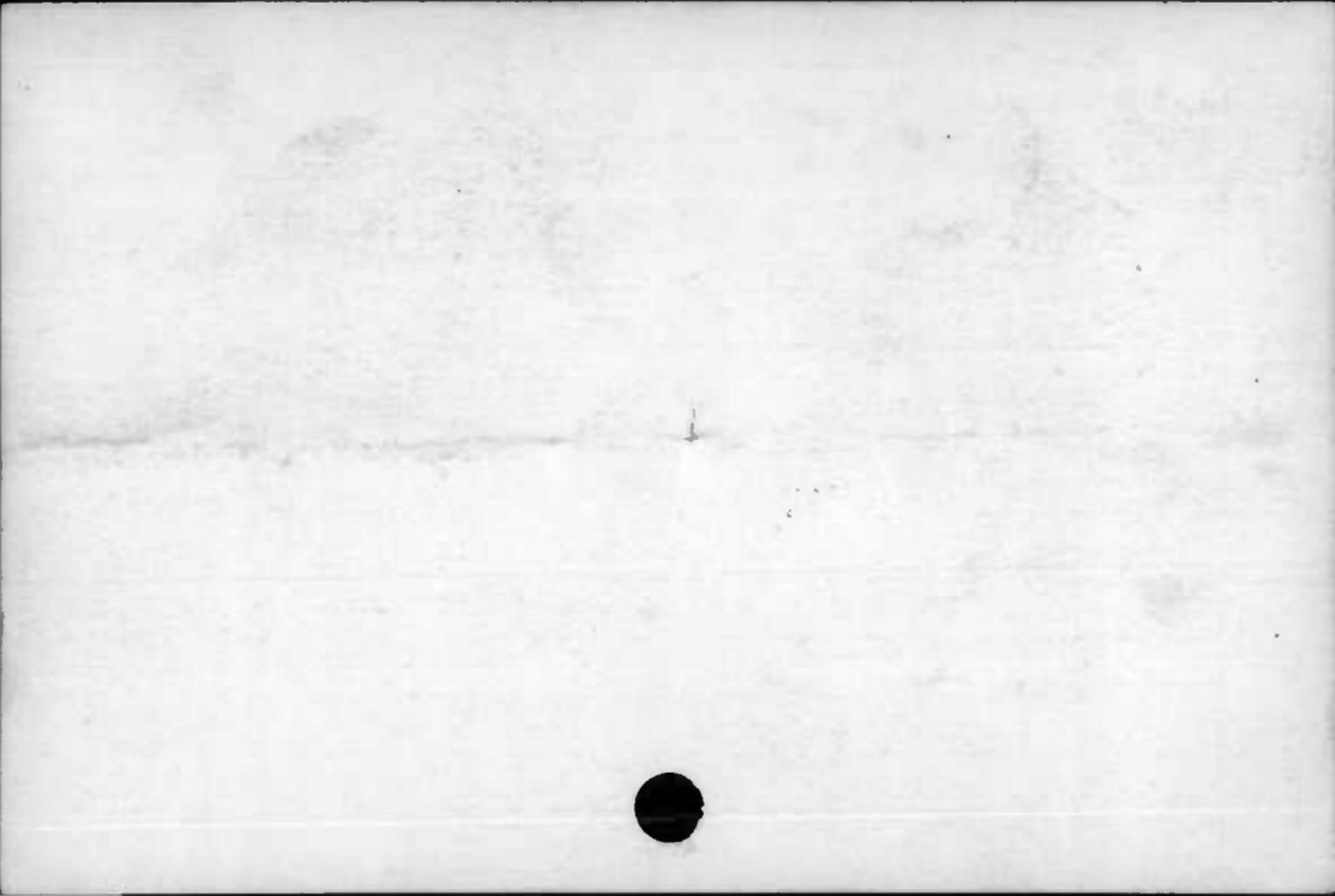
Signature of Physician

Address

On E 8 Miles
Somerset Street
C. W. M.

Accident or Suicide?

W



Name
in
Full

Hancy Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Deals Island</u>		County <u>Somerset</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>June</u>	Day <u>22</u>	Age <u>84</u>	Years	Months
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Deals Island</u>			
Occupation <u>Housewife</u>	Where Residing If not at place of death <u>Deals Island</u>				
Married Single or Widowed	Name of Wife or Husband	Lemuel Harris			
Father's Name <u>we don't know</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Sally Handley</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving information <u>William Harris</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary General Debility old age

How long 10 years

Immediate Asphyxia

How long 6 months

Are the name, age, sex, color, date and place correctly given above?

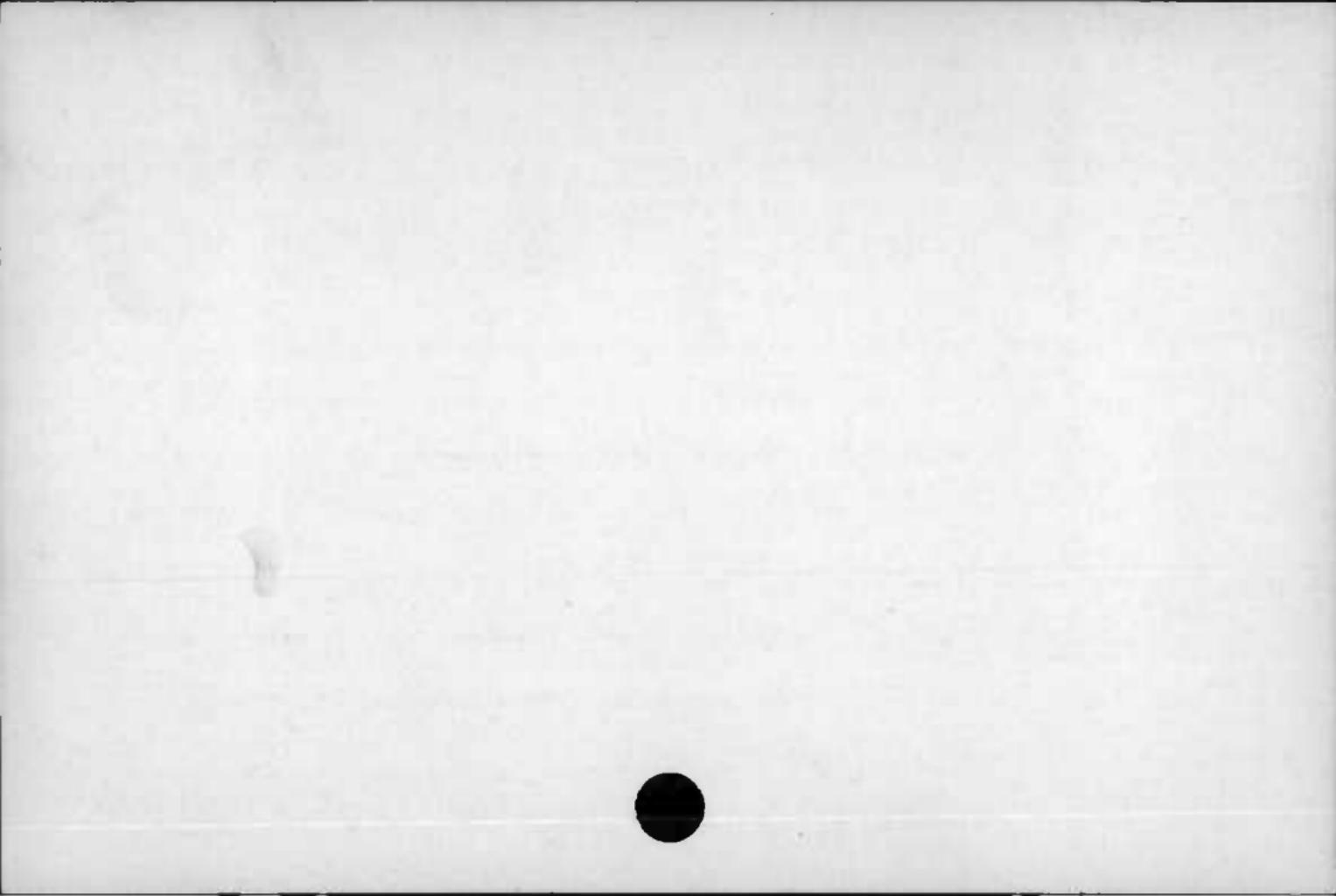
Yes

Signature of
Physician

Address

Geo S. Horner
Local Board of Health
Deals Island, Md.

Accident or Suicide?



Name
in
Full

No man

Hayward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month 1	Day 29	Years	Months	Days 8
Sex	Female	Color or Race	Black	Birth-place	Md	
Occupation	V			Where Residing if not at place of death	V	
Married, Single or Widowed	Single	Name of Wife or Husband	V			
Father's Name	H. J. Hayward			Father's Birthplace	Md	
Mother's Maiden Name	Maudie Hayward			Mother's Birthplace	Md	
Name of person giving information	Levi Corbin			How related to deceased	M	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Wounds (no δ in abdomen)

How long

Since born

Immediate

Are the name, age, sex, color, date and place correctly given above?

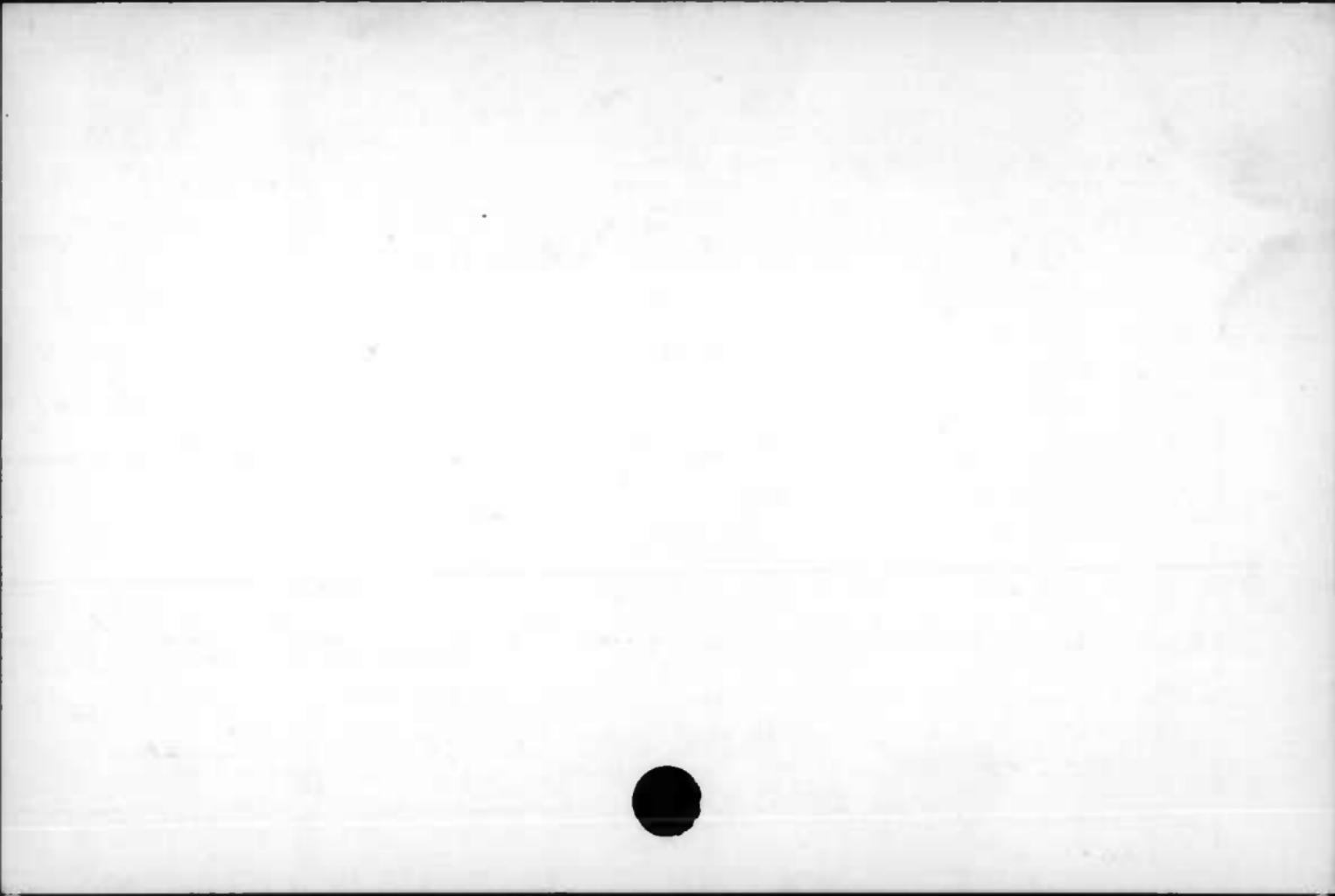
Yes

Signature of Physician

Address

A. J. Smith M.D.
P. O. Box 2000
Md

Accident or Suicide?



Name
in
Full

Colia Leins

CERTIFICATE OF DEATH

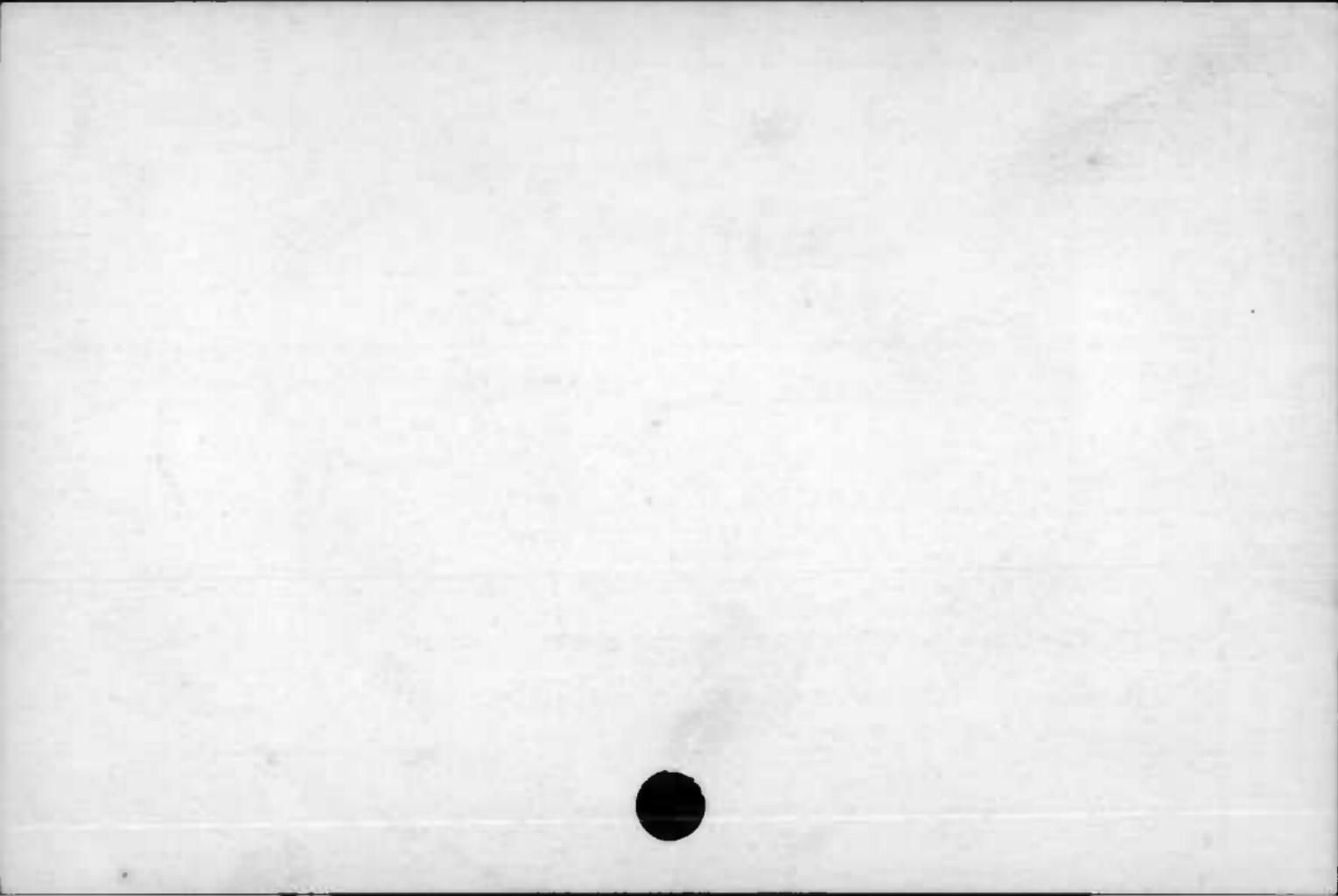
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	white	Birth-place	Md.
Occupation	Where Residing if not at place of death			✓	
Married, Single or Widowed	Name of Wife or Husband	✓			
Father's Name	S. Leins	✓			Folland.
Mother's Maiden Name	Aug. Georgia	✓			Folland.
Name of person giving information	S. Leins	✓			Father

CAUSES OF DEATH

Primary	101	How long
Immediate	Cardiac Arrest	3 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Spectator
No physician in attendance	Address	Cincinnati City
Accident or Suicide?	✓	

PHYSICIAN
OR CORONER



Name
in
Full

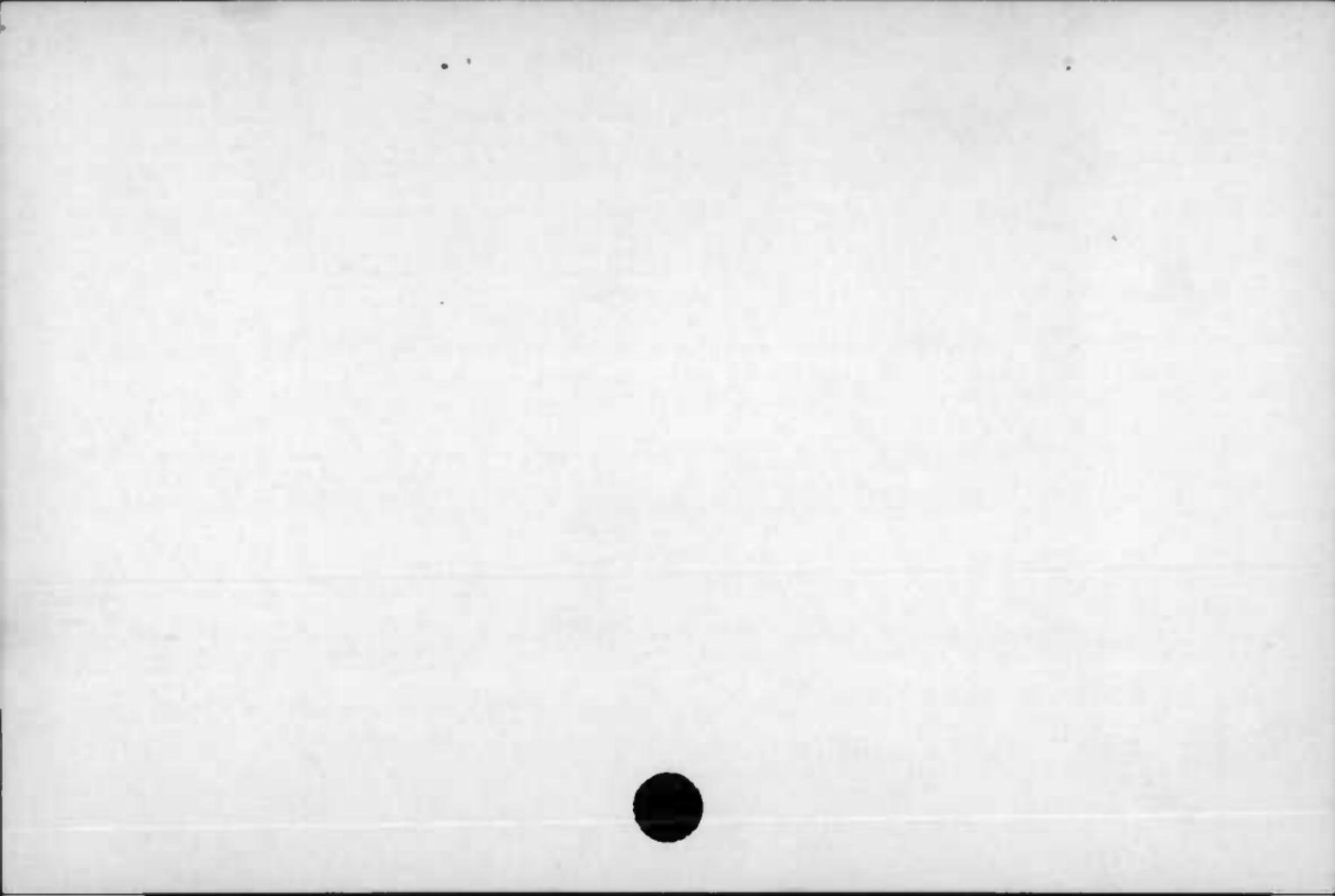
No Name Still Born Hoffman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Deal's Island.		Month	Day	Years	Months	Days
Date of death 1907 Jan		30		Age		
Sex Male	Color or Race	white				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Pettimaw Hoffman					
Mother's Maiden Name	Sarah Cooksey					
Name of person giving information	Pettimaw Hoffman					
CAUSES OF DEATH						
Primary						
Immediate	Still Born					
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	No Physician Present			
		Address				
Accident or Suicide?						

PHYSICIAN
OR CORONER



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full				Vince Elizabeth Howard			
Died at		Town	County		CERTIFICATE OF DEATH		
Maurine Co.			Somerset		MARYLAND		
Date of death	1997	Month /	Day 16	Years Age	25	Months	Days
Sex	female	Color or Race	white	Birth- place	72		
Occupation	Housewife			Where Residing if not at place of death	1		
Married, Single or Widowed	married	Name of Wife or Husband	Albert R. Howard				
Father's Name	Ethel Bell			Father's Birthplace	72		
Mother's Maiden Name	Do not know			Mother's Birthplace	72		
Name of person giving Information	Alouza C. Howard			How long related	Brother in law		
CAUSES OF DEATH							
Primary	Pulmonary Tuberculosis			How long	6m		
Immediate	Exhaustion			How long	1/2 hr.		
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	J. M. Wilder		
Yes				Address	Paramus City		
Accident or Suicide?							

(27)

HTA20 RC

380
1980

Name
in
Full

Charles W Jones

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Mt Vernon	Montgomery	
Date of death	Month	Day	Years
1907	June	26	24
Sex	Color or Race	Age	Months
Male	White	24	Days
Occupation	Where Residing if not at place of death		
Day labor	Mt Vernon		
Married, Single or Widowed	Name of Wife or Husband		
Married	Frances Booksey		
Father's Name		Father's Birthplace	
Robert John Jones		Mt Vernon	
Mother's Maiden Name		Mother's Birthplace	
Bethel Town ofarks		Dealy Island	
Name of person giving information	How related to deceased		
George A Bloodworth	son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

unknown.

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

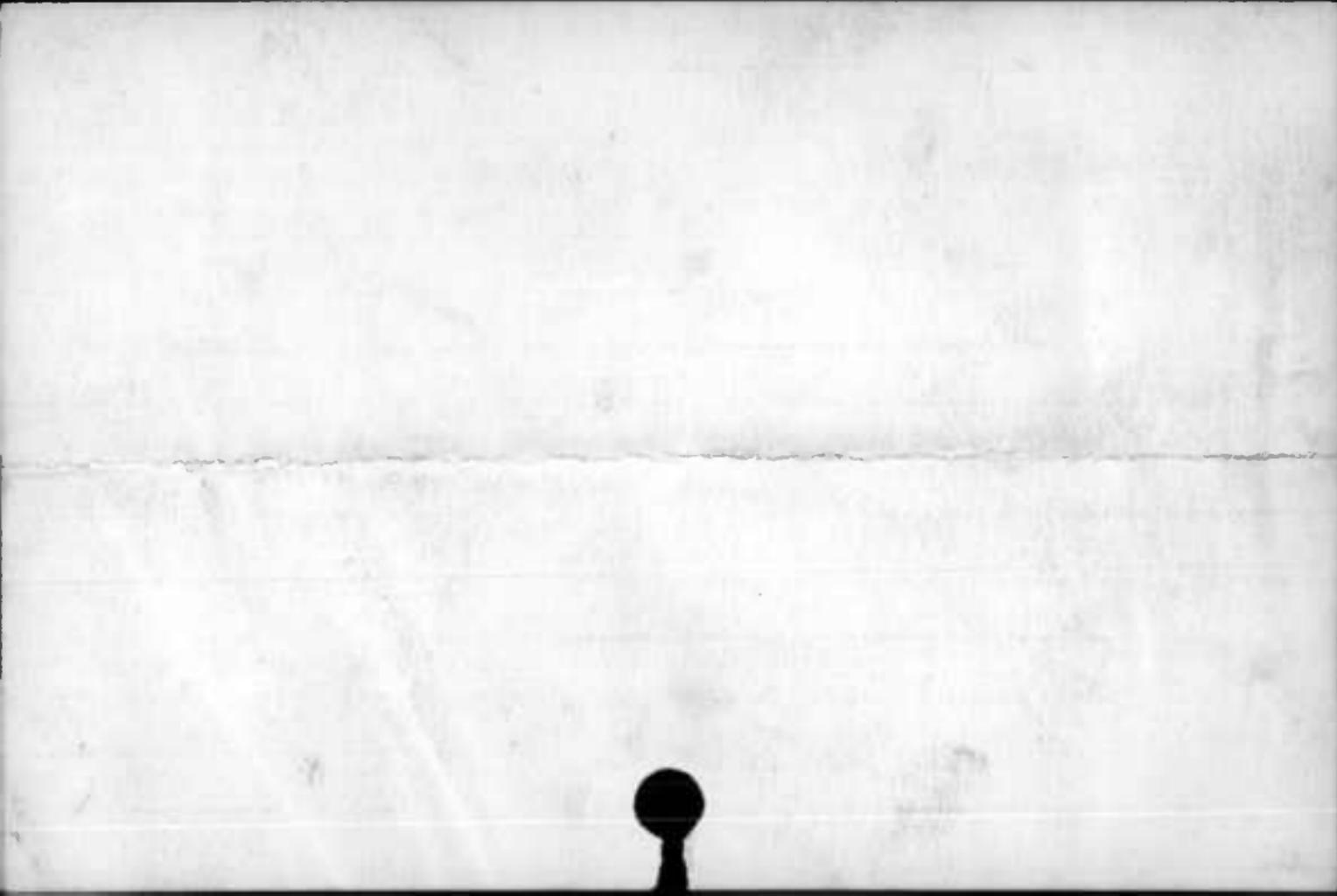
Signature of Physician

Address

Daniel Enforces M.D.
Principetown N.C.

Accident or Suicide?

neither



Mabel V Jones

Town

County

Died at

*Eden**Howard Co*

MARYLAND

Month

Day

Y.

M.

D.

Native of

Date 19

02

Jan 31

Male

White

Age 25

- - -

- - -

Sem Cd

Occupation

Housekeeper

Female

Colored

Married

Single

Widow

Widower

Divorced

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Pulmonary

How long sick

Death

Immediate

Congestive

6 days

Accident, Suicide, Homicide

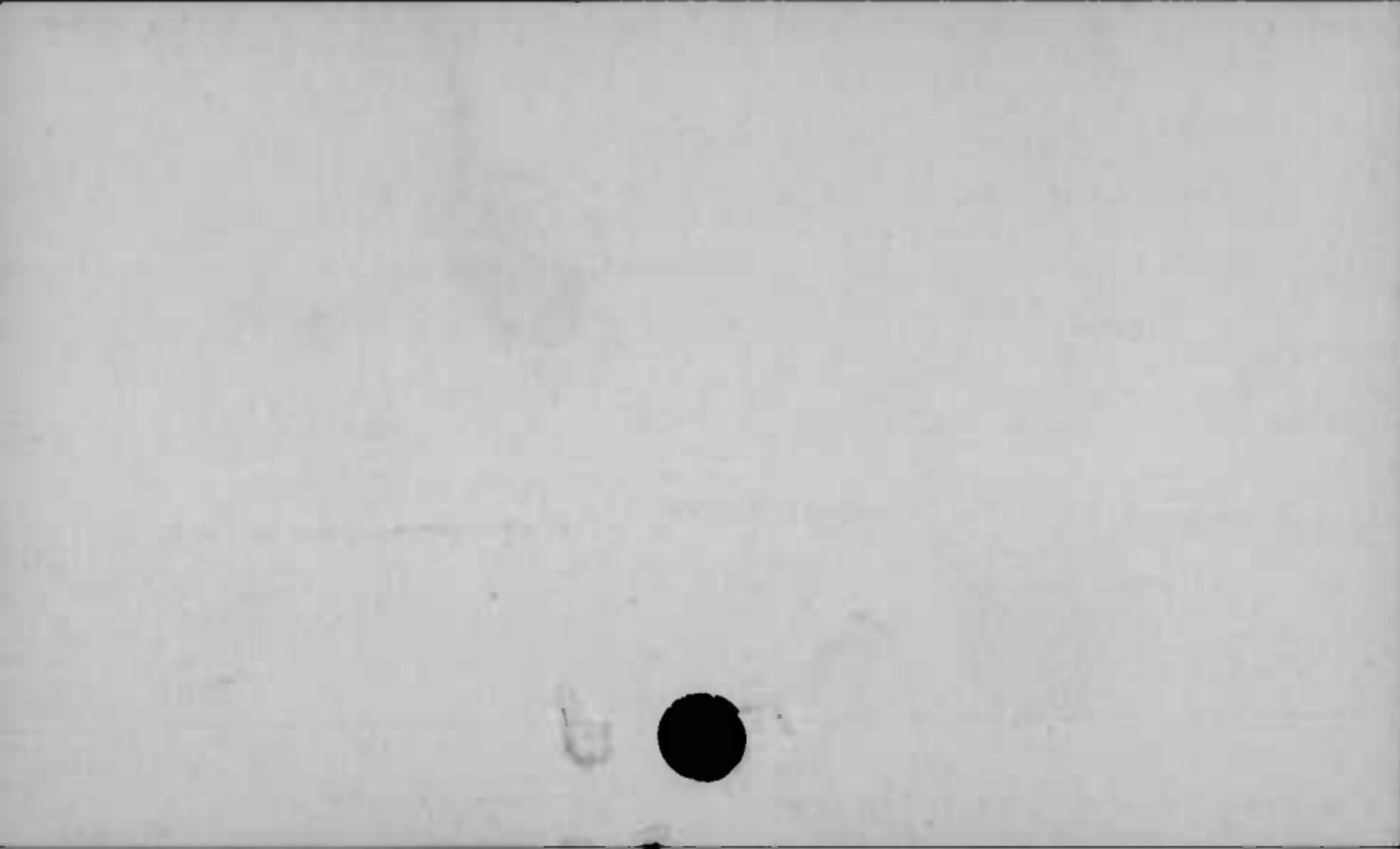
Reported by

J. J. Long

Address

J. J. Long

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Hamilton N. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1907	Month Jan	Day 4th	Years 87	Months
Sex Male	Color or Race white	Birth-place	Somerset County	
Occupation Farmer	Where Residing if not at place of death	Chancery Md.		
Married, Single or Widowed Married	Name of Wife or Husband	Amonda Jones		
Father's Name don't know	Father's Birthplace	Somerset Co.		
Mother's Maiden Name	Mother's Birthplace	Somerset Co.		
Name of person giving information James Jones Son	How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General debility

How long

Sick 4. Years.

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

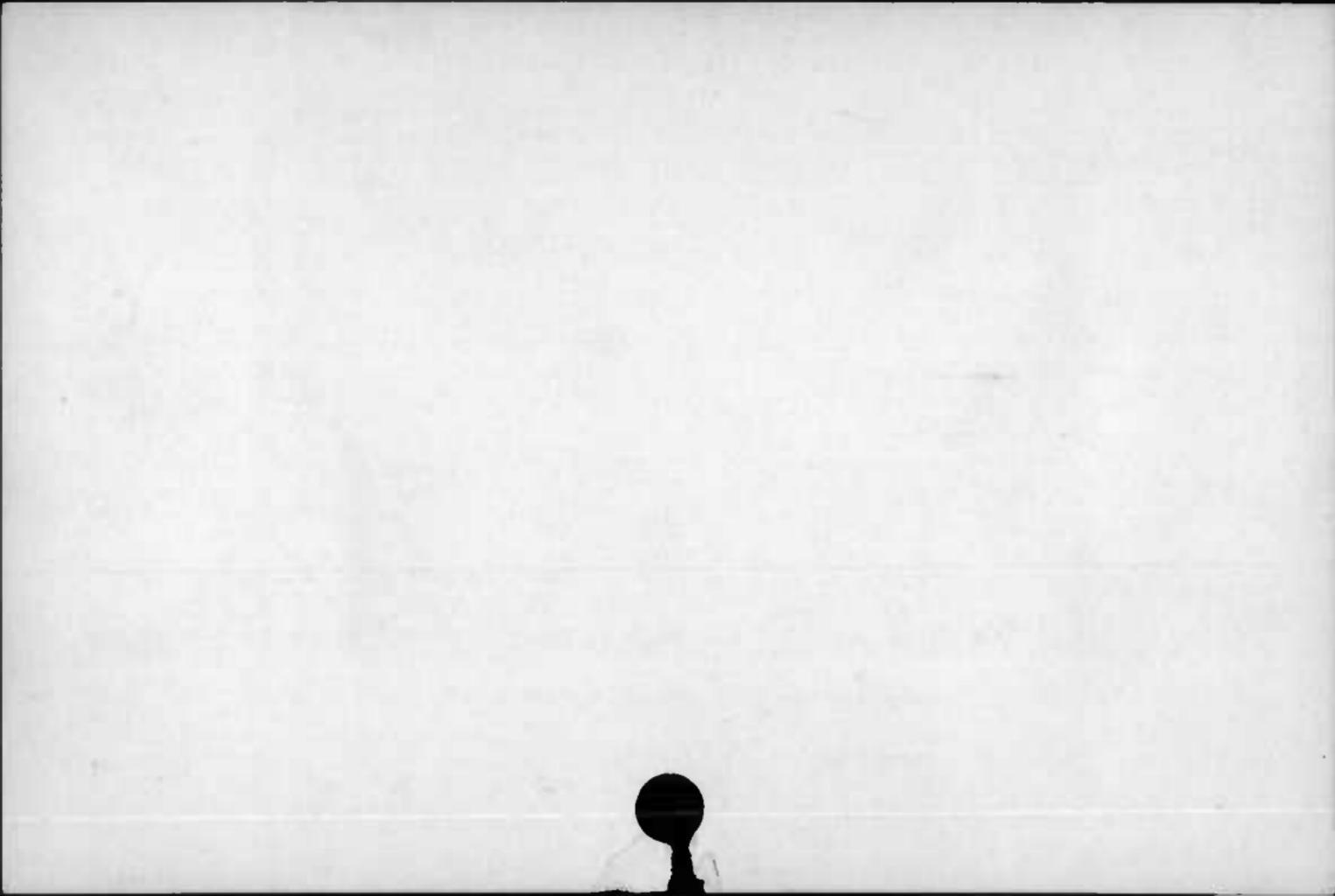
Name

Address

by Son Jones Jones
Geo. Jones, Local Board

Accident or Suicide?

No.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Marilyn Jones

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	William Jones	Father's Birthplace			
Mother's Maiden Name	Jacqueline Jones	Mother's Birthplace			
Name of person giving information	Wm Jones	How related to deceased			

CAUSES OF DEATH

Primary

Peritonitis

16

How long

week

Immediate

asthema

How long

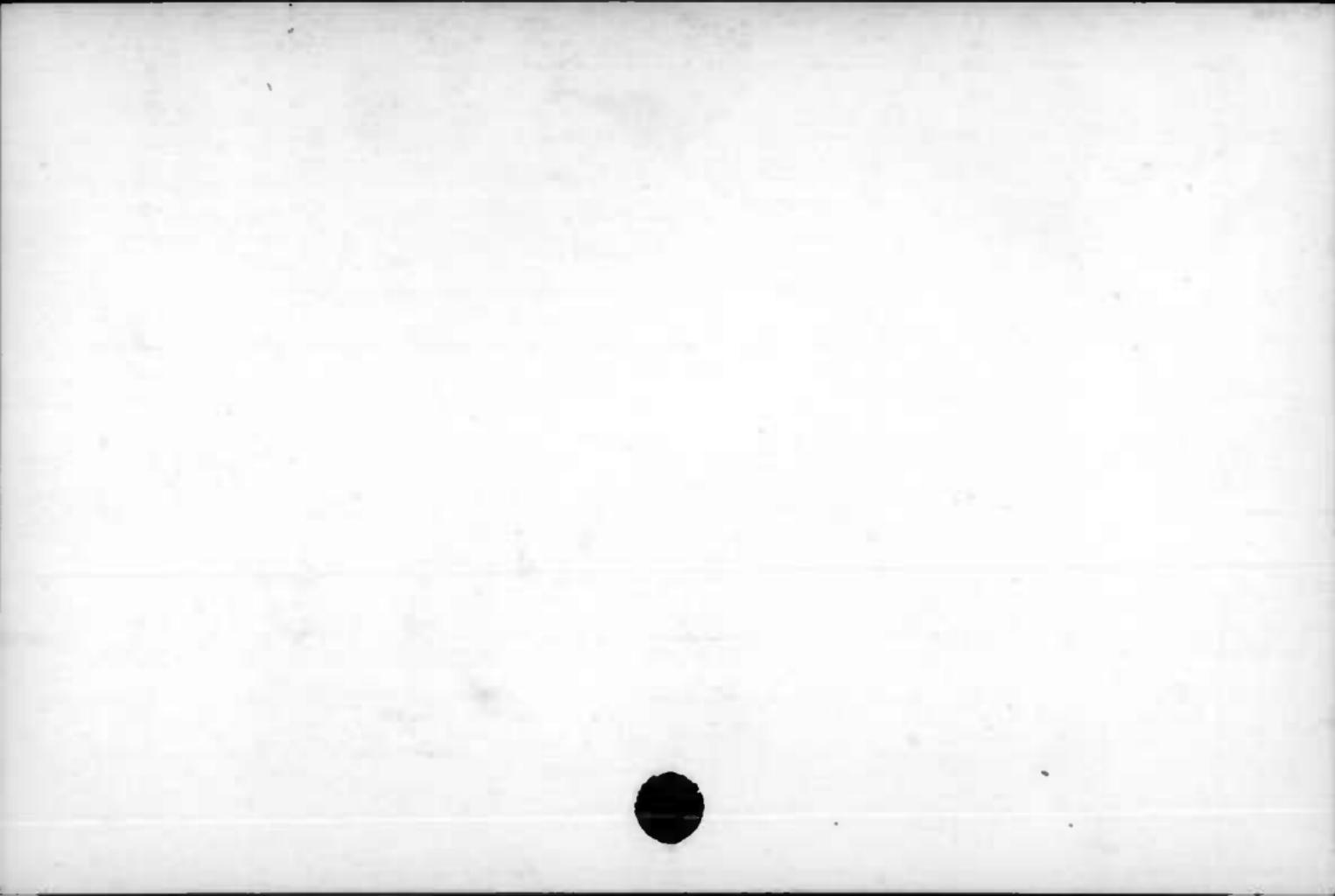
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

S. J. Windsor, Md.
James Gaster,
Somerset C, Md.



Name
in
Full

CERTIFICATE OF DEATH

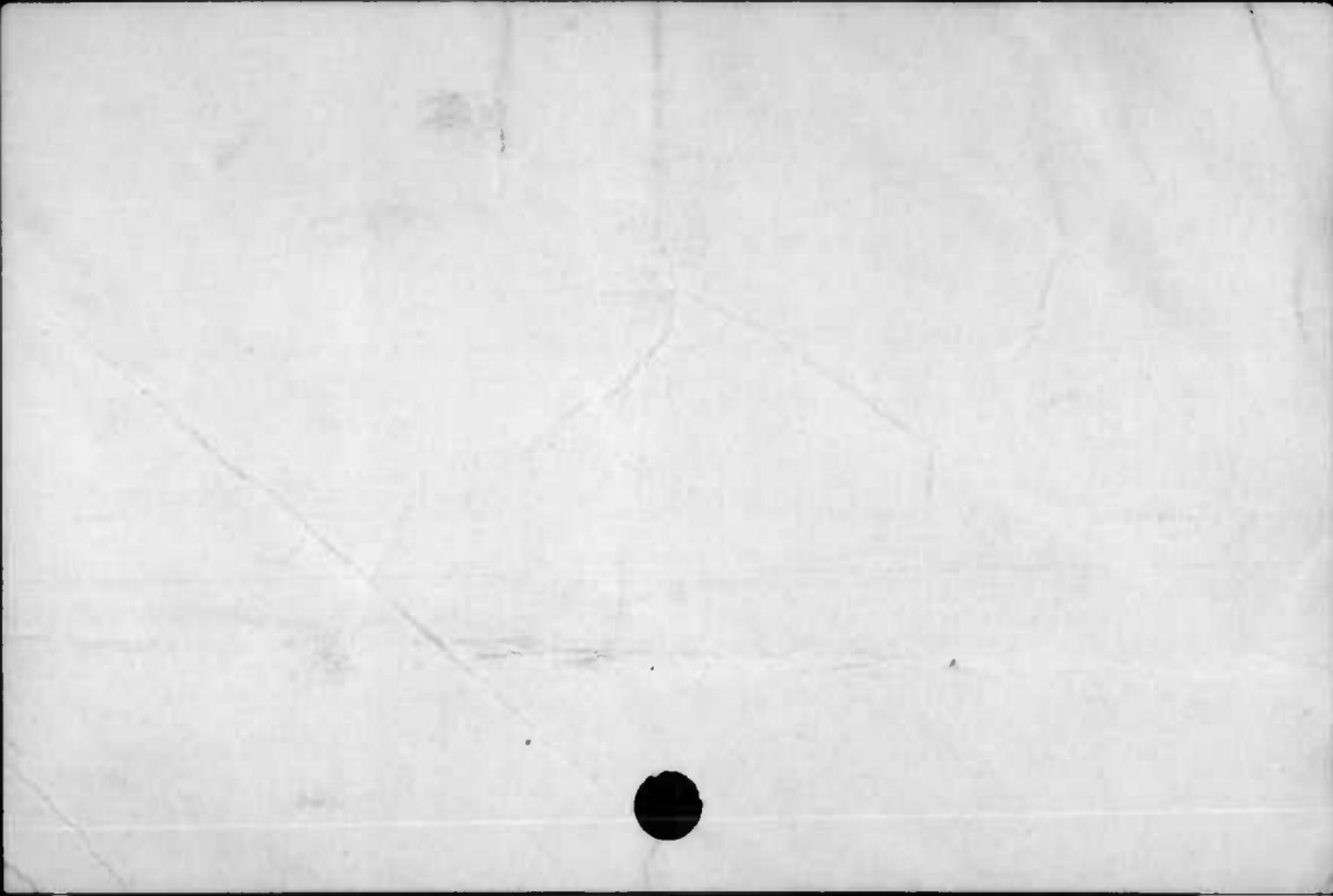
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County			MARYLAND	
Date of death	1907	Month Jan	Day 30th	Age	Years	Months 2	Days 16
Sex	Male	Color or Race	White			Birth- place	White
Occupation			Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Wm. Kelly		Father's Birthplace			
Mother's Maiden Name		Bertha Wallace		Mother's Birthplace			
Name of person giving Information		Wm. Kelly		How related to deceased			

CAUSES OF DEATH

Primary	Cleft palate		W	How long
Immediate				How long
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician
				Address
Accident or Suicide?				



Name
in
Full

Wm. Marine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Moanakin		Som.				
Date of death	1907	Month 1	Day 11	Years 41	Months	Days
Sex	Male	Color or Race	Col.	Birth-place	Cambridge	
Occupation	Student	Where Residing if not at place of death			Cambridge	
Married, Single or Widowed	Married	Name of Wife or Husband	Williamanna Lashford			
Father's Name	Unknown		Father's Birthplace	Unknown		
Mother's Maiden Name	adelia Raik		Mother's Birthplace	Unknown		
Name of person giving Information			How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

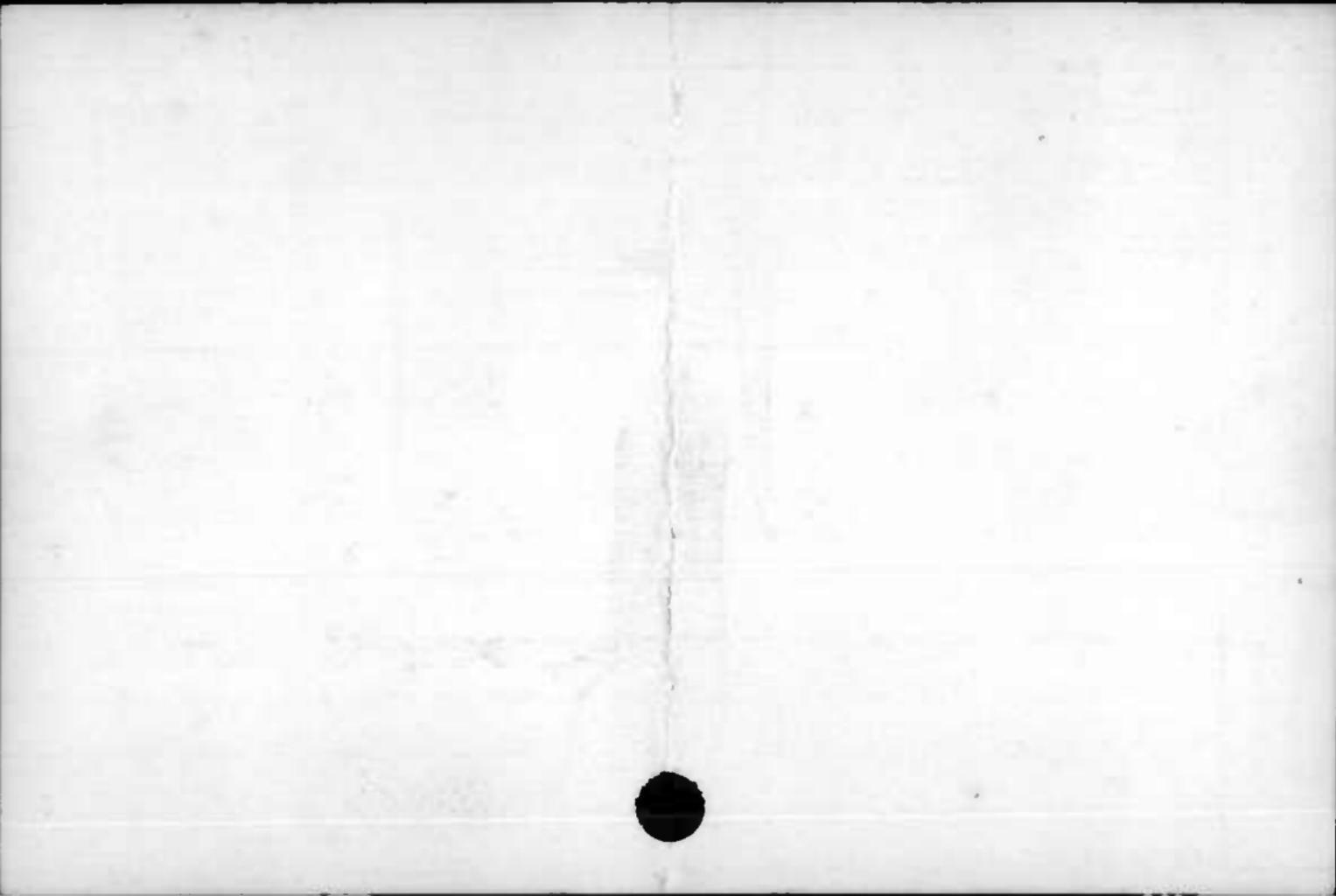
Signature of Physician

W. M. Gill

Address

Moanakin, Md.

Accident or Suicide?



Name
in
Full

Rena Parks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	26	—	—
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Husband	Severn Parks			
Father's Name	Wm. Walston	Father's Birthplace	Fairmount		
Mother's Maiden Name	Mary E Gardner	Mother's Birthplace	Manokin Md.		
Name of person giving information	May Walston	How related to deceased	Mother		

PHYSICIAN
OR CORONER

Primary

Acute Indigestion

How long

~~10~~ A few hours

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

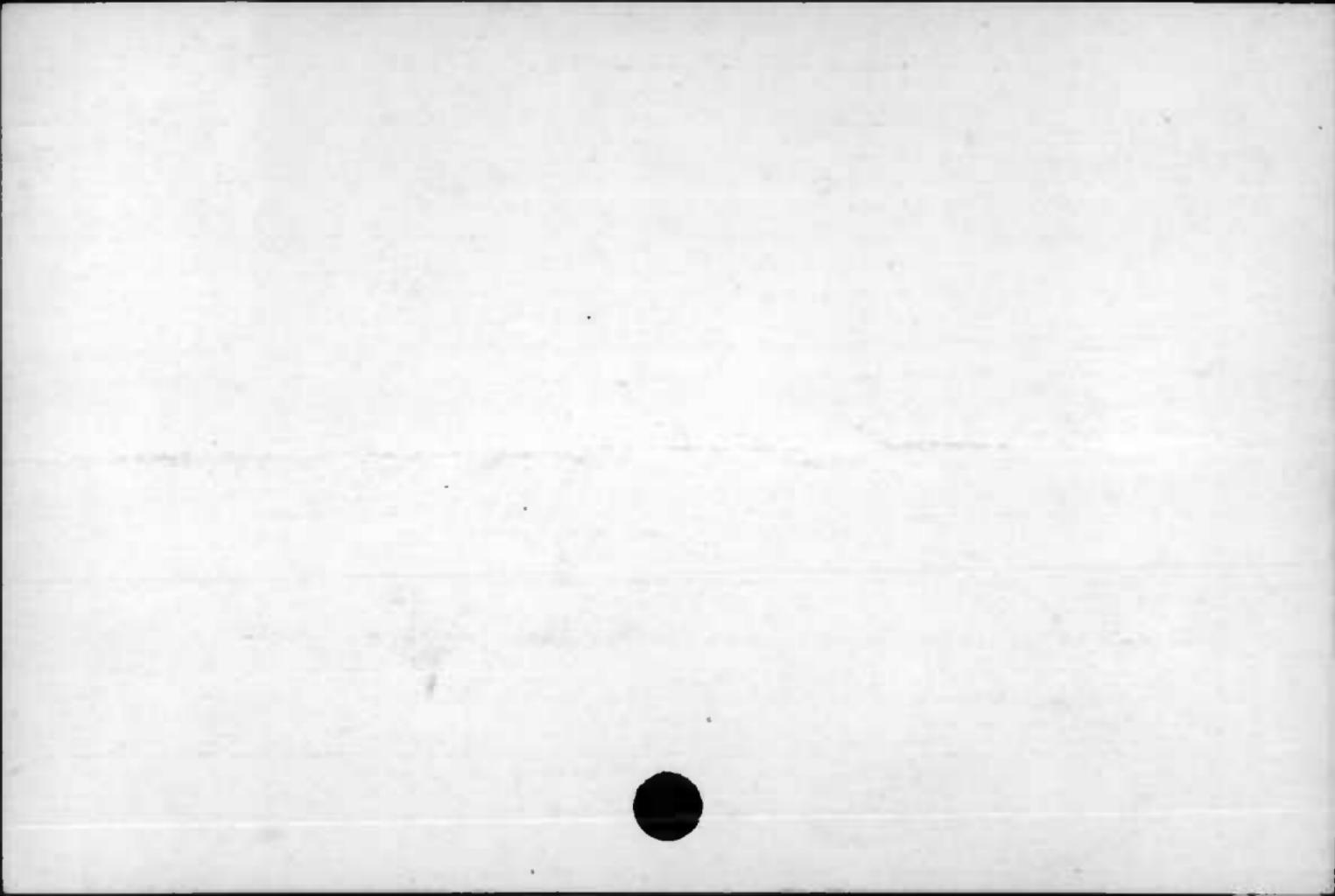
Yes

Signature of Physician

Address

G.E. Dickinson
Upper Fairmount
Md.

Accident or Suicide?



Name
in
Full

Willie Robinson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race		Age	Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	John Robinson		Father's Birthplace MD			
Mother's Maiden Name	Dennis Cullis or Johnson		Mother's Birthplace MD			
Name of person giving information	John Surpren		How related to deceased MD			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cold

How long

10 days

Immediate

Nothing

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

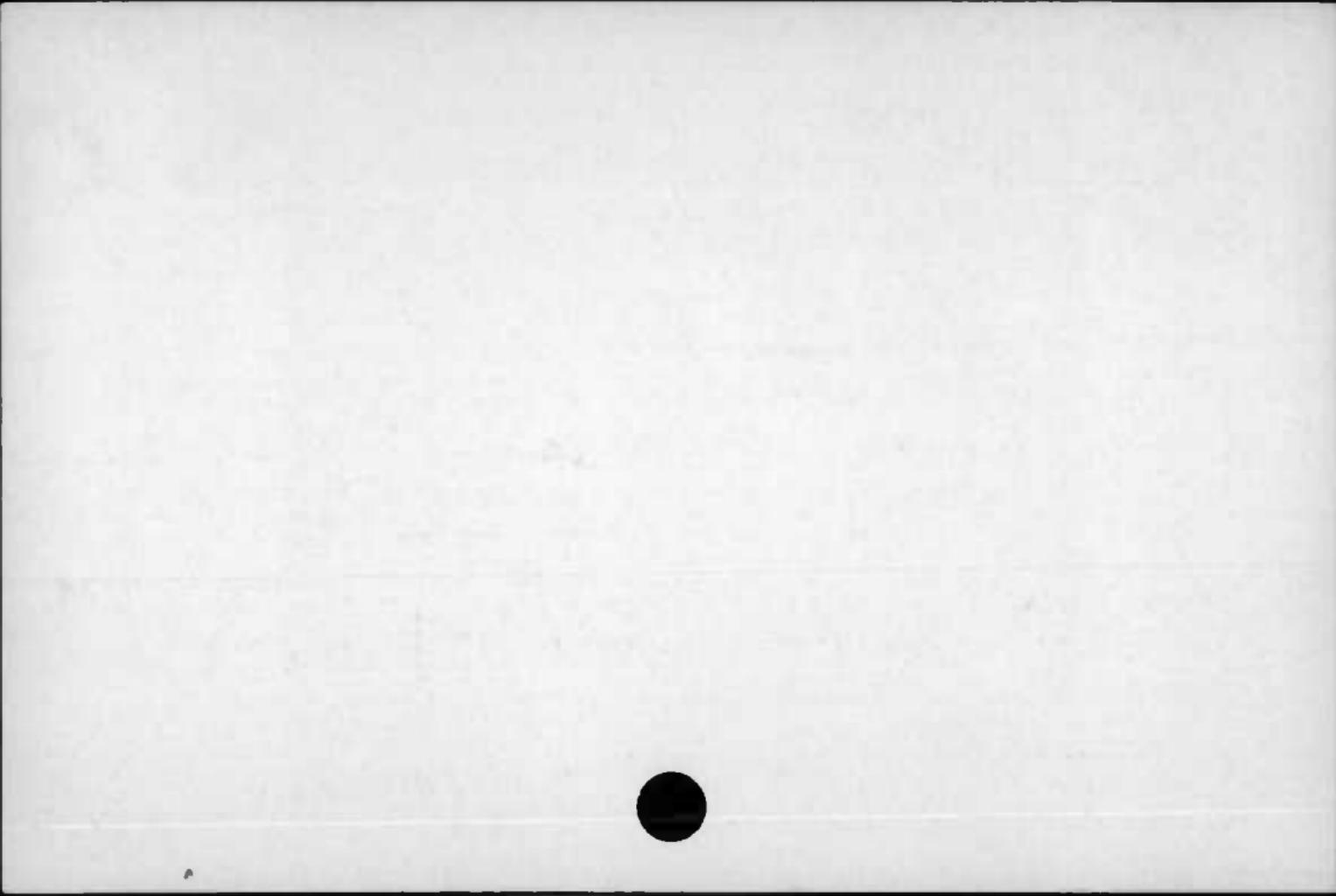
Address

W. Smith (W.D. in attendance)
P. W. Smith MD



Yes

Accident or Suicide?



Name
in
Full

Sarah E. Scott.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Deal's Island	County	MARYLAND
Date of death	1907	Month	January
		Day	30th
		Age	84
Sex	Female	Color or Race	White
Occupation	House wife	Where Residing if not at place of death	at home Deal's Island Md.
Married, Single or Widowed		Name of Wife or Husband	Major Scott.
Father's Name	Jacob Webster	Father's Birthplace	Deal's Island Md.
Mother's Maiden Name	Sarah Thomas	Mother's Birthplace	Deal's Island Md.
Name of person giving information	Thomas F. Horner	How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General debility old age.

How long

6 Months

Immediate

Heart failure, Atherosclerosis.

How long

2 hours

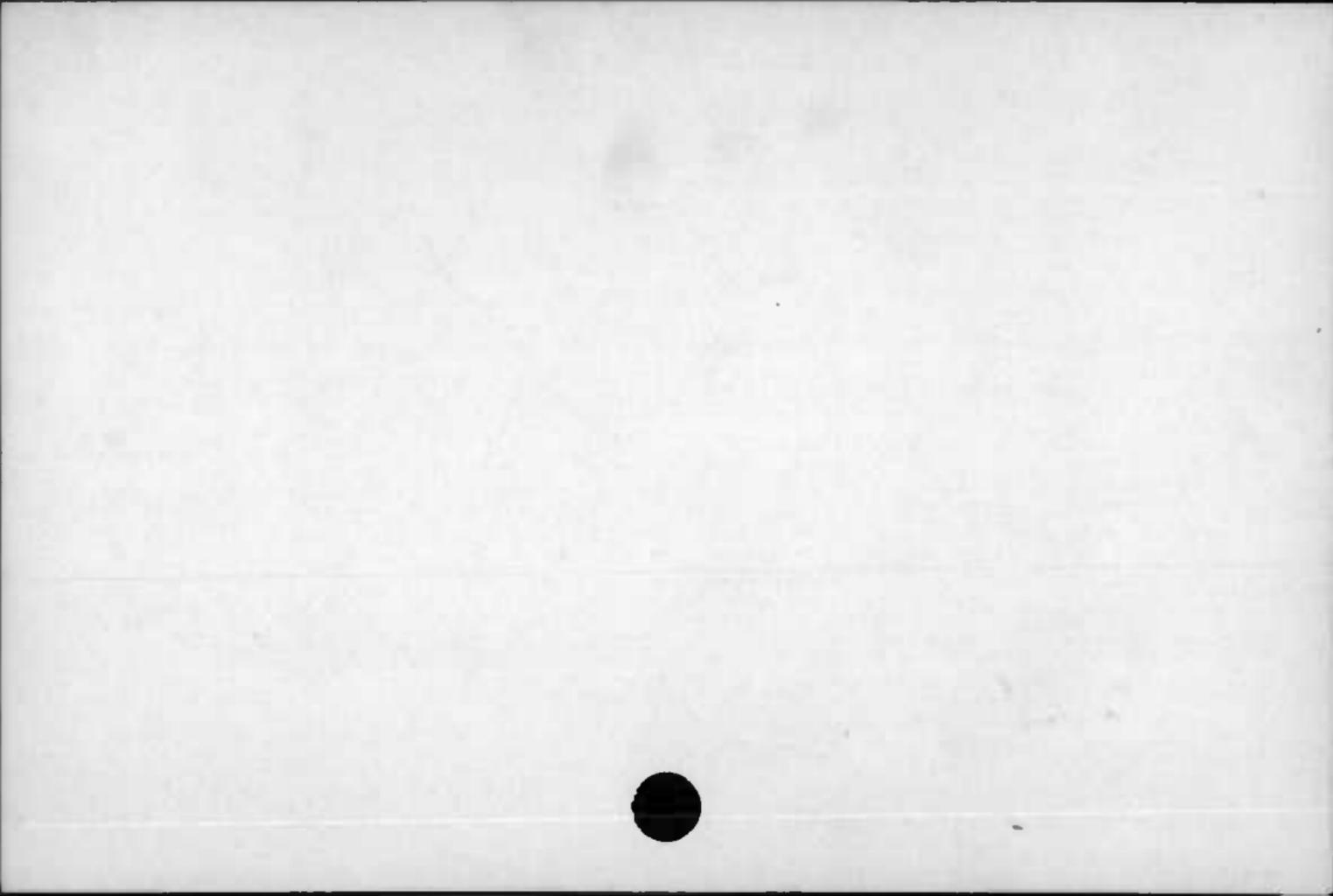
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

died without a physician
Geo. F. Horner
Social Board of Health
Deal's Island 2nd.

Accident or Suicide?



Name
In
Full

William S. Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Deals Island.		Somerset				
Date of death	1907	Month Jan	Day 21	Years 34	Months	Days
Sex	Male	Color or Race	white	Birth-place	Maryland	
Occupation	Lumber Worker		Where Residing if not at place of death	Mount Vernon		
Married, Single or Widowed	Single		Name of Wife or Husband	Unknown		
Father's Name	Unknown		Father's Birthplace	Maryland		
Mother's Maiden Name	Unknown		Mother's Birthplace	Maryland		
Name of person giving Information	Plumer		How related to deceased	Nephew		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Drowned.

Immediate Drowned

Are the name, age, sex, color, date and place correctly given above?

Found & Buried

Accident or Suicide? March 30-1907

Signature of Physician

Address

Geo. S. Plumer, Sub. Reg
Deals Island
Md.

This Man was Drowned. Jan 21
1907 & found and Buried
March 30 - 1907

Geo. B. Conner Sub Reg.

Name
in
Full

Sarah C Tyler

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
1907	Jan.	29	Age 76	
Sex	Female	Color or Race	White	Birth-place
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Widowed	Name of Wife or Husband	Alexandria D. Tyler	
Father's Name	Labian Evans			
Mother's Maiden Name	Salla Parks			
Name of person giving information	Edward P. Tyler			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

17 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

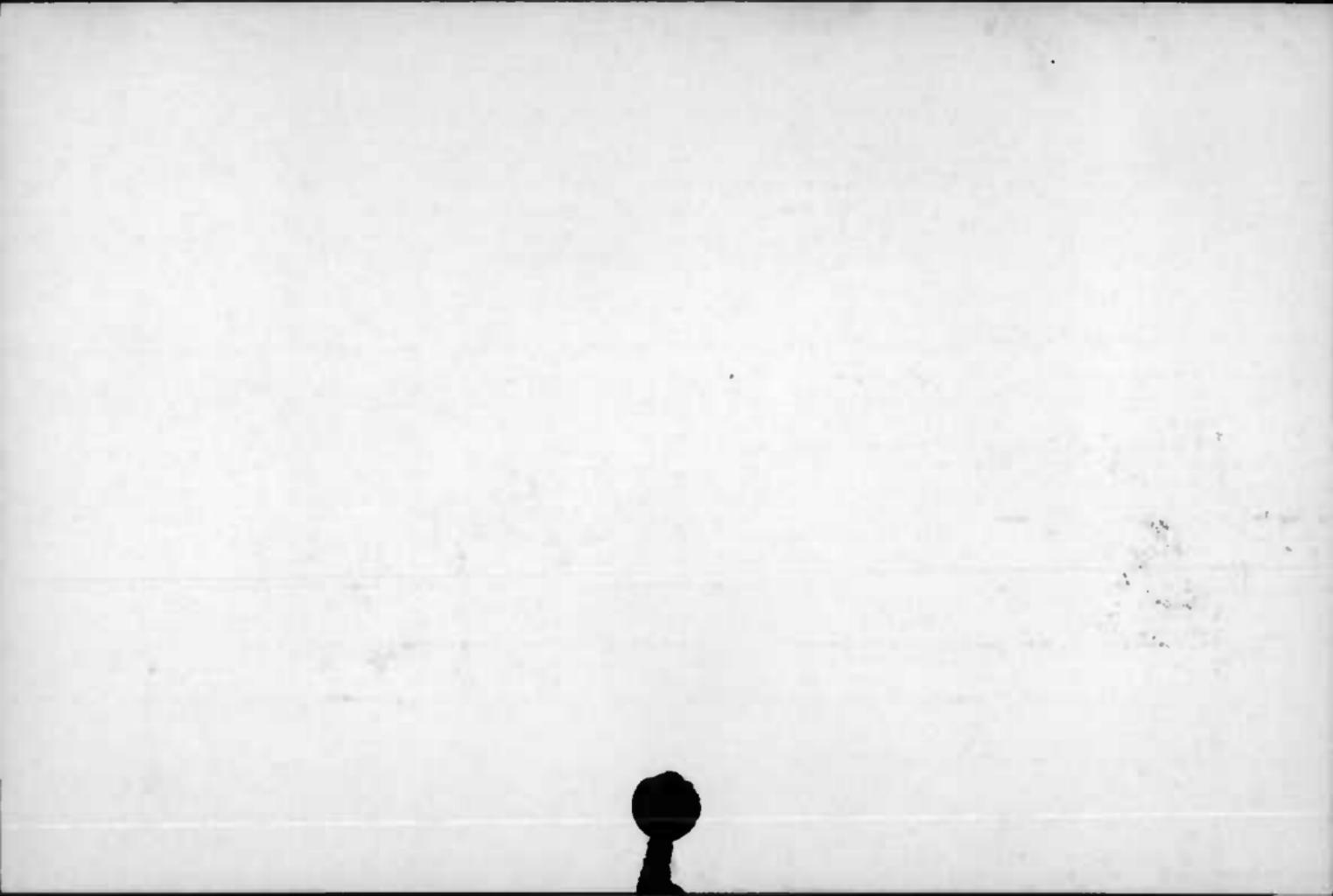
R. H. Price

Address

Cowell,
Md

as far as I know

Accident or Suicide?



Name

In
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Thomas Ward Jr

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
1907	January	18	14	14	—	—
Sex	Color or Race	Birth-place				
male	black	Fairmount				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Fairmount				
single	Not married					
Father's Name	Fairmount					
Mother's Maiden Name	Fairmount					
Name of person giving Information	How related to deceased					
Joseph Maday						

CAUSES OF DEATH

Primary

Accidental shooting

How long

Immediate

immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr E.S. Miers

Address

Upper Fairmount
Street 6-211

Accident or Suicide?

accident



J. W. Landon

Landonville

Md

Name
in
Full

Maria Waters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 190	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Married, Single or Widowed	Occupation			
Name of Wife or Husband	John Waters (dead)			
Father's Name	Caesar Sudler		Father's Birthplace	Somerset Co
Mother's Maiden Name	Charlotte Suder		Mother's Birthplace	Somerset Co
Name of person giving Information	A. M. Waters		How related to deceased	Son

PHYSICIAN
OR CORONER

Primary

Acute Gastritis.

How long

4 Days

Immediate

Acute Gastritis

How long

4 Days

Are the name, age, sex, color, date and place correctly given above?

Yes

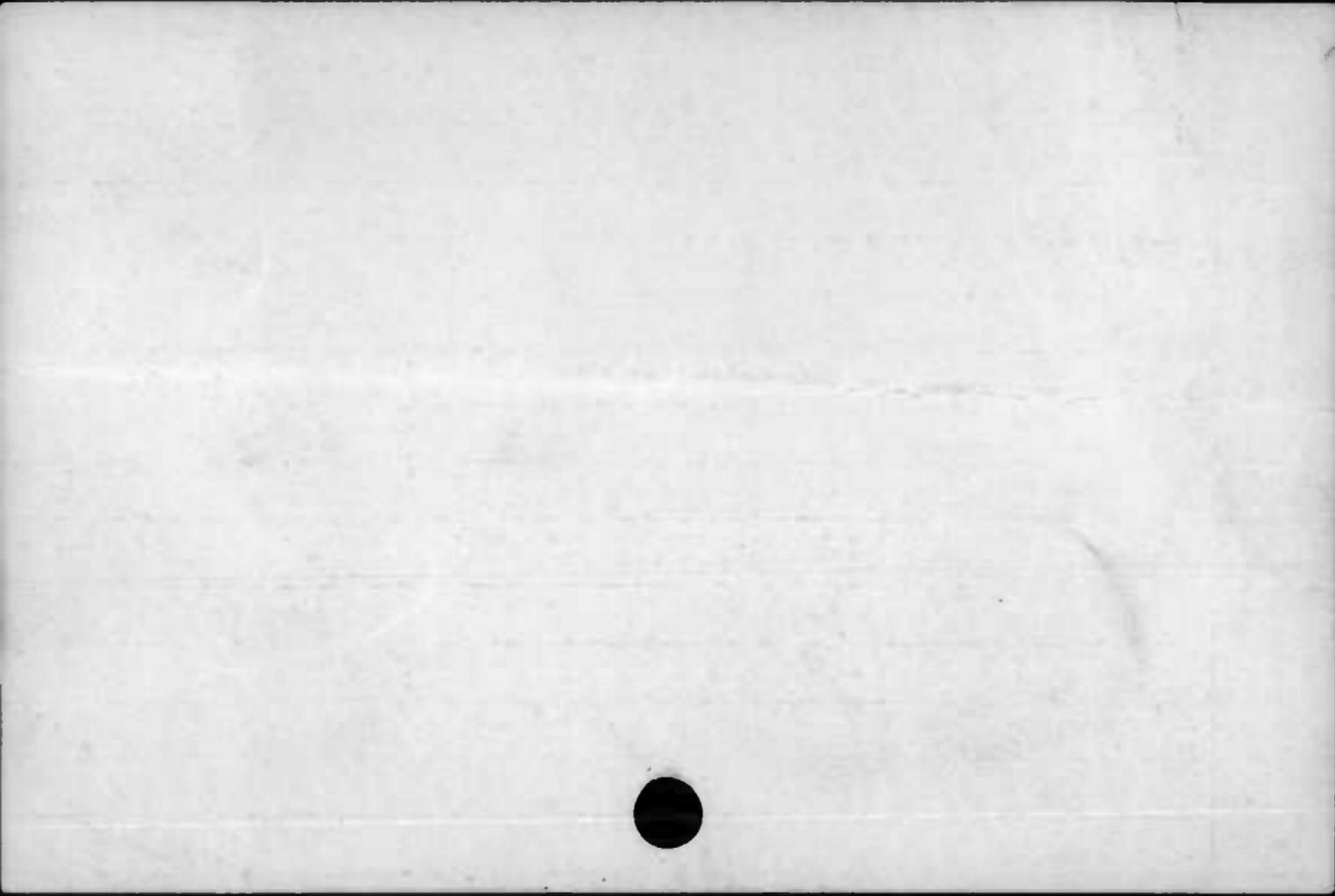
Signature of Physician

Address

G. E. Dickinson

Upper Fairmount
Md

Accident No. 5142



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Burroughard Willey

CERTIFICATE OF DEATH

MARYLAND

Died at near Allie Town

County Sacramento

Date of death 1907 Month Jan

Day 4

Years 18

Age 18

Months

Days

Sex Male Color or Race white

Birth-place Edin Standard

Occupation Farmer

Where Residing if not
at place of death

Osceola Co

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name Eos W Willey

Father's Birthplace Dorchester Co

Mother's Maiden Name Kartha Graham

Mother's Birthplace Wic Co

Name of person giving
Information Father

How related
to deceased

CAUSES OF DEATH

Primary Tuberculosis

How long 9 yrs

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

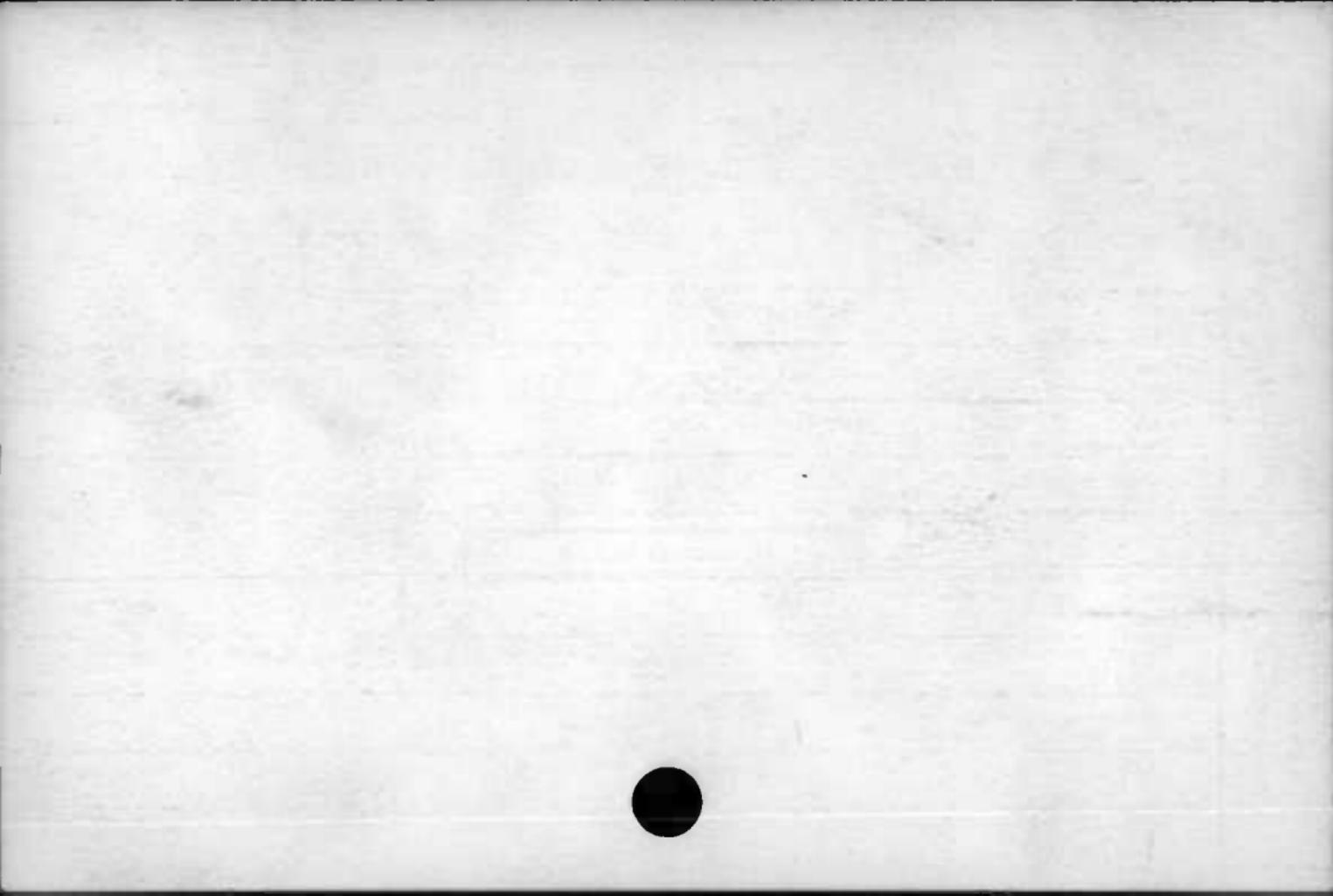
Yes

Signature of
Physician

Address

110 Long
Allie St
Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Charles R Williams

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Died at	Deals Island	Somerset			
Date of death	Month	Day	Years	Months	Days
1907	Jan	20	5 1/2	—	—
Sex	male	Color or Race	White	Birth-place	Virginia
Occupation	Lumberman				
Where Residing if not at place of death	Mt. Vernon				
Married, Single or Widowed	Single	Name of Wife or Husband	—	—	—
Father's Name	John Williams				
Mother's Maiden Name	Don't Know				
Name of person giving Information	Stranger Williams				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Drowning	112	How long	+
	Immediate	Drowning		How long	Supposed 15 Minutes
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Geo. B. Horner Sub. Reg.	
Found & Buried March 27.			Address	Deals Island, Md.	
Accident or Suicide?		X 1907			

This Man Chas R. Williams was
drowned on Jan 21 - 1907, and
was found and Buried March 30th
1907.

Geo B. Stone Capt Reg